



TRANSACTIONS of the Canadian Dental Association

DÉLIBÉRATIONS de l'Association Dentaire Canadienne

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INTERIM AND ANNUAL MEETINGS
BOARD OF GOVERNORS
APRIL 3-4 AND AUGUST 28-29

1992

ASSEMBLÉES PROVISOIRE ET ANNUELLE
DU BUREAU DES GOUVERNEURS
LES 3-4 AVRIL ET LES 28-29 AOÛT

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**INTERIM MEETING
BOARD OF GOVERNORS**

CANADIAN DENTAL ASSOCIATION

ASSEMBLÉE PROVISOIRE

DU BUREAU DES GOUVERNEURS

L'ASSOCIATION DENTAIRE CANADIENNE

OTTAWA, ONTARIO

**APRIL 3-4
LES 3-4 AVRIL**

1992



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AVANT-PROPOS

Le présent document contient le compte-rendu des travaux des assemblées, provisoire et annuelle, du Bureau des gouverneurs de l'Association dentaire canadienne, qui ont eu lieu respectivement les 3 et 4 avril 1992, à Ottawa, Ontario et les 28 et 29 août de la même année, à Calgary, Alberta.

Tous les membres de l'Association dentaire canadienne sont bienvenus à ces assemblées auxquelles ils peuvent participer.

Les rapports des conseils, des comités et des sections ainsi que d'autres documents sont présentés au cours de séances publiques. Le président peut permettre aux membres de l'Association de s'exprimer sur diverses questions mais seuls les gouverneurs ont droit de vote.

Assemblée provisoire et annuelle

Les textes inscrits en caractères gras dans les rapports des conseils, des comités et des sections, ou à la fin, présentent les observations et les actes posés par le Bureau des gouverneurs.

Les DÉLIBÉRATIONS DE L'ADC ont pour objet de fournir aux membres un compte-rendu des orientations et des décisions prises par le Bureau des gouverneurs ainsi que des travaux des conseils, des comités et des sections de l'Association.

FORWARD

This book provides a record of the business transacted at the Interim and Annual meetings of the Board of Governors of the Canadian Dental Association, on April 3-4, 1992 in Ottawa, Ontario and August 28-29, 1992 in Calgary, Alberta.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors.

During the sessions, reports of Councils, Committees and Sections, etc., are brought to open sessions of the Board, and, although the Chairman may permit any member to speak on any issue, only Board members may vote.

Interim and Annual Meeting

Words appearing in bold both within the body and at the end of the Council, Committee or Section Reports constitute the comments and actions of the Board of Governors.

The purpose of the CDA TRANSACTIONS is to provide members with a record of the policies and decisions of the Board of Governors and the work of the Association's Councils, Committees and Sections.

**CANADIAN DENTAL ASSOCIATION
BOARD OF GOVERNORS
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Secretary to the Board of Governors

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A.J. Neilson

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B. Dolansky, President-Elect
R. Wenn, Vice-President

J. Brookfield
B. Dolman
T. Gushue

B. Sigfstead
R. Smith
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R.D. Sandilands
B. Sigfstead

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T. Gushue

NOVA SCOTIA

B. Conrod

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D. MacFarlane (alternate
for P. Trester)
M. Pederson
R. Smith

ONTARIO

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J. Brookfield
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G. Sweetnam
W. Steggles

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QUÉBEC

M. Blain
B. Dolman

AFFILIATE (QUÉBEC)

O. Kopytov

SASKATCHEWAN

B. White

**CDN. FORCES DENTAL
SERVICES**

J.F. Begin

STUDENT REPRESENTATIVE

K. Nanji

HEALTH & WELFARE

(vacant)

VETERANS AFFAIRS

J.C. Tsafaroff

Recording Secretary: Mrs. S. Burton

COUNCIL/COMMITTEE/COMMISSION CHAIRMEN

R. Brooke (Accreditation)
D.E. MacFarlane (CDAnet)
R. Wenn (Communications Steering)
G.H. Peacock (Constitution & By-Laws)
J. Gryfe (Community & Inst. Dentistry)
M. Eggert (Consumer Products Recognition)
M. Jahjah (Conventions)
R. Barolet (Dental Materials & Devices)
I. Vogan (Dental Specialties)
G. Thompson (Education)
A. Schwartz (Specialty Certification)

iii

M. Deyette (Ethics)
R. Wenn (Government Relations)
M. Charendoff (Insurance & Inv.)
L. Allen (Management)
B. Dolman (Membership)
B. Dolansky (Nominations)
D.E. MacFarlane (PRUC)
D. Cooper-Lall (Student Affairs)
R.N. Hicks (Taxation)
L. Dugal (Third Party)
K. Roach (Hygiene Supervision)

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P.R. Crawford, Editor
S. Deziel, Manager - Executive Services
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J. Johnston	College of Dental Surgeons of British Columbia
J. Hentschel	Canadian Fund for Dental Education
G. Kravis	National Dental Examining Board of Canada
A. LaBounty	National Dental Examining Board of Canada
P.Y. Lamarche	Ordre des dentistes du Québec
V.J. Lanctis	Canadian Forces Dental Service
D. Lauriente	College of Dental Surgeons of British Columbia
G. MacDonald	Newfoundland Dental Association
W. MacInnis	Nova Scotia Dental Association
E. MacSween	Government Relations Committee - CDA

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H. Scherle	Manitoba Dental Association
D. Somer	Ontario Dental Association
G. Thompson	Canadian Fund for Dental Education
R. Thordarson	College of Dental Surgeons of British Columbia
B. Wishart	New Brunswick Dental Society
J. Wright	Canadian Dental Service Plans Inc.

LEGEND

April 1992

	<u>Page Number</u>	
	<u>Report</u>	<u>Appendix</u>
EXECUTIVE COUNCIL	1	
Council Meetings	1	
FDI Delegates	1	
Appointment of Auditors-Canadian Dentists' Insurance Program (CDIP)	2	
CDA Mission Statement and Goals	2	12
CDA Guidelines for the Handling of Mercury and Dental Amalgam	3	14
CDA Position Statement on Supervision Requirements for Dental Hygienists	4	15
Certification of Dental Specialists	4	24
Constitutional Proposals - CDA Position on Portability	5	
1992 Priorities	5	
Insurance Carrier for the CDIP Life and Disability Plans	6	34
Changes to CDIP		
Disability and Exclusion Riders	7	
Malpractice - Five Year Extension	7	
Disability Coverage - HIV and the Seropositive Dentist	7	
Approval of the CDA RSP Audited Financial Statements	8	37
Universal Life Insurance	8	
CDA Application to the Ontario Court, General Division, Commercial Law Review Panel	9	
Self-Learning/Self-Assessment Program	9	
CDA Appointments	9	
President's Activities	10	49
Committee/Council Reports	11	
EXECUTIVE COUNCIL (Addendum)	54	
Amendment to CDA By-Laws - Article XVIII	54	56
- List of Active Members		
STANDING COMMITTEES		
CDAnet	58	
CDAnet Value Added	58	
CDAnet Statistics	59	
CDAnet Certified Software Vendors	60	
Insurer Participation and Status	60	
Marketing	60	

LEGEND

April 1992

	<u>Page Number</u>	
	<u>Report</u>	<u>Appendix</u>
STANDING COMMITTEES (continued)		
Communications Steering Committee	62	
Membership Marketing Activities	62	70
Membership Results to Date	63	79
Member Benefits	64	
Publications	64	
Dental Information System	65	
The Dental Pentathlon	65	
Merchandise	66	
CDAnet Marketing	66	
Infection Control	66	
CDA Seminars	67	
Canada Health Monitor	67	
Corporate Sponsorship	67	
CDA/Environics Joint Venture	68	
Meeting with Provincial Communications Co-ordinators	68	
Issue Management	68	
Community and Institutional Dentistry	81	
Fluoride	81	
Hospital Dentistry	82	
Hospital Survey	82	
Needle Use and Recapping	83	
Denture Labelling	84	
Hospital Dentistry - Proposed Teaching Conference	85	88
Bacterial Endocarditis	85	
Clinician's Guide to Regulations and Guidelines	85	
Geriatric Dentistry	86	
Mandatory Health Care Worker Testing	86	
Amended Regulations on Dental X-Ray Equipment	86	
Reference		
a) Recommended Safety Procedures for the Use of Dental X-Ray Equipment		
b) Radiation Emitting Devices Regulations		
Management of Hazardous Materials in the Dental Office	87	
Tooth Whiteners	87	

LEGEND

April 1992

	<u>Page Number</u>
	<u>Report</u> <u>Appendix</u>
STANDING COMMITTEES (continued)	
Consumer Products Recognition	100
Fluoride Guidelines	100
Crest Fluoride Superiority Claim	101
Cost-Analysis - Revenue 1991	101
Gold and Silver Seal Program	101
Discussion of External Funding	102
Gingivitis Guidelines	102
Newly Approved Products	102
CPR Database	102
Chewing Gum Recognition Program	103
Tooth Whiteners	103
Consideration of Additional Category	103
Advertising Guidelines	103
Convention	104
1992 CDA Convention - Calgary	104
1992 Convention Hotels	104
Exhibits	104
Canadian Dental Assistants' Association	105
Canadian Dental Hygienists' Association	105
Convention Registration	105
Scientific Program	105
Convention Committee	107
Details regarding 1992 Board Meeting	108
1992 Installation Dinner	108
ICD Participation	108
RCDC Participation	108
Canadian Association of Paediatric Dentistry	108
Canadian Association of Orthodontists	108
Convention Promotion	108
Post-Convention Tour - Calgary/Alaska	109
1993 - Toronto	109
1994 FDI Convention	111
FDI 1992 Berlin	111
Kenya Safari	111
Maternity Leave, CDA Conventions	112
Ethics	113
Code of Ethics	113
Smart Cards	113
Dental Specialties Committee Consultation	114

LEGEND

April 1992

	<u>Page Number</u>	
	<u>Report</u>	<u>Appendix</u>
STANDING COMMITTEES (continued)		
Management	115	
Committee Meetings	115	
1993 Fee Increase - 1993 Provisional Budget	115	123
Future FDI Delegation	117	
CDAnet	117	
1992 Adjusted Budget - Future Financial Stability	118	150
1991 Adjusted Budget - Financial Statements	118	157
CDA Conventions	119	
Location of the 1994 Annual Meeting of the Board of Governors	119	
FDI Subscription Fee - 1992	119	
NDEB Conference on Testing and Competency Assessment for the National Standard	120	
Donation on Behalf of the MacLean Family	120	
Grieve Memorial Lecture	120	
CDA Membership Telemarketing	120	
CDA Corporate Travel Agency	121	
CDSPI	121	
Licensing Body Fee - ODQ	121	
Accreditation Grant - NDEB	121	
Cheque Registers - Chairman's Audit	122	
Student Affairs	169	
Dental Certification and Licensure	169	
Practice Management Seminars	170	
CDA/CFDE Canadian Dental Students' Conference 1992	171	
CSA Position Paper	171	174
Student Column in the CDA Journal	172	
Student Membership	172	
American Student Dental Association	172	
Grad Dinners	172	
Elections	173	
McGill Closure	173	
Taxation	178	
Goodwill in the Sale of a Professional Practice	178	181
Federal Sales Tax Rebate Program	179	
Revenue Canada Audits on Dental Practices	179	
General Comments	179	
Personal Service Corporation	180	
CDA Taxation Seminars	180	

LEGEND

April 1992

	<u>Page Number</u>	
	<u>Report</u>	<u>Appendix</u>
STANDING COMMITTEES (continued)		
Third Party Dental Plans	183	
Uniform System of Coding and List of Services	183	186
Standard Dental Claim Form	184	
Purchaser Information Program	184	
CDA Prepaid Dental Plans Policy Manual	184	
COUNCIL REPORTS		
Insurance and Investment	187	
AD&D Proposed Amendment	187	
Conversion to Imperial	188	
CDA RSP	188	
Changes to CDIP	189	
CDIP in 1993	189	
CDA/CDSPI Administration Agreements	190	
1991 CDIP Financial Experience	190	
Insurance and Investment (Addendum)	191	
AD&D Plan Design Change	191	195
Dentists' Staff Plan (DSP)	191	
CDA RSP	192	
Contract Renewals	193	
CDIP Benefit Plans	193	
Disability Coverage in North America	194	198
FDI - National Treasurer's Report	203	
1991 FDI World Dental Congress - Milan, Italy	203	
FDI Election	205	
Major Resolutions	205	
FDI World Congress 1994 in Vancouver	206	

LEGEND

April 1992

	<u>Page Number</u>	
	<u>Report</u>	<u>Appendix</u>
OTHER DENTAL ORGANIZATIONS		
The Association of Canadian Faculties of Dentistry	208	
Canadian Dental Assistants' Association	210	
Canadian Dental Foundation	212	214
Canadian Fund for Dental Education	224	
The National Dental Examining Board of Canada	228	235
The Royal College of Dentists of Canada	238	
SPECIALTY SECTIONS		
Association of Prosthodontists of Canada	241	
Canadian Association of Orthodontists	243	
Canadian Society of Public Health Dentists	245	

LEGEND

August 1992

	<u>Page Number</u>	
	<u>Report</u>	<u>Appendix</u>
EXECUTIVE COUNCIL	247	
Council Meetings	247	
Appointment of CDA Auditors	247	
CDSPI - Council on Insurance and Investment	248	
Canadian Dentists' Insurance Program	248	256
- 1991 Financial Statements		
FDI National Treasurer	248	
CDA Position Statement on Supervision Requirements for Dental Hygienists	249	262
Uniform System of Codes and List of Services - Process for Revision	250	272
Representation on the CDA Board of Governors	251	
Legal Review - Management of CDIP Surpluses	251	
Discussion Forum - Licensing Authorities	252	
Certification of Dental Specialists	252	
CDIP Surplus Funds	252	
1993 Renewals - Prudential Group Assurance Company of England (Canada)	252	280
Certification and Licensure of Dentists	253	
Honors and Awards	253	
Honorary Membership	253	
Distinguished Service Award	253	
CDA Award of Merit	253	
Certificate of Merit/Letter of Appreciation	254	
Review of Council/Committee Chairpersons and Executive Liaisons	254	
Dental Health Month - Poster Judging	255	
President's Activities	255	281
Council/Commission/Committee Reports	255	
 STANDING COMMITTEES		
CDAnet	286	
Value Added Services	286	291
CDAnet Statistics	288	
CDAnet Certified Software Vendors	289	
Insurer Participation and Status	289	
Marketing		

LEGEND

August 1992

	<u>Page Number</u>	
	<u>Report</u>	<u>Appendix</u>
STANDING COMMITTEES (continued)		
Communications Steering	300	
Membership Marketing	300	
Membership Results	301	308
Membership Services Manager	302	
Telemarketing	302	
New Member Benefits	302	
Review of Current CDA Member Benefits	303	
Publications	303	
Merchandise	304	
Role of Specialty Groups in the Development of Patient Education Materials	305	
Corporate Sponsorship	305	
Issue Management	306	
Conclusion	306	
Community and Institutional Dentistry	309	
Management of Hazardous Materials in the Dental Office	309	314
Fluoride	310	315
Infection Control	311	
Teaching Conference	312	
References to dentistry in other health organization literature	312	
Consumer Product Recognition	321	
Recognition Program for Sugarless Chewing Gum	321	326
Fluoride Workshop	323	
Gold Seal Program	323	
Advertising to Professionals	323	
Teeth Whiteners	324	
Development of a Policy on Cosmetic and Drug Claims in relation to Oral Health Products	324	
Gingivitis Guidelines	324	
Mechanical Toothbrushes	325	
Convention	328	
Convention Meeting	328	
Computerized Registration	328	
Exhibits	328	
Publicity	328	
Sponsorship	329	

LEGEND

August 1992

	<u>Page Number</u>	
	<u>Report</u>	<u>Appendix</u>
STANDING COMMITTEES (continued)		
Convention		
Convention Staff	329	
Convention Attendance	329	
1993 CDA/ODA Convention	330	
1994 FDI	330	
Dental Specialties	331	
Guidelines for Referring Patients to Dental Specialists	331	337
Guidelines for Acceptable Designations on Professional Communication	332	344
Dentist	333	
CDA Publication - Dental Specialties	333	
Dental Specialties Representative to Commission on Dental Accreditation of Canada	334	
Specialty Dental Journal	335	
Specialty Sections - Reports to CDA Board of Governors	335	346
Government Relations	347	
Committee meetings and activities	347	
Canadian Coalition on Organ Donor Awareness (CCODA)	347	
Royal Commission on Aboriginal Peoples	348	
Assembly of First Nations	348	
CIDA Project - Canada-Egypt Children's Dentistry Project	349	
Canadian Council on Smoking and Health	349	
R.R.S.P. Contributions	349	351
Health and Welfare Representative to Board of Governors	349	353
Government Relations Dinner	350	
Management	354	
Meetings	354	
Audited Financial Statements - Canadian Dental Association	354	361
Audited Financial Statements - Canadian Dental Research	354	389
Foundation		
1992 Financial Statements to April 30, 1992	355	

LEGEND

August 1992

	<u>Page Number</u>	<u>Report Appendix</u>
STANDING COMMITTEES (continued)		
Management (continued)		
1993 Budget Review	355	
CDAnet	356	
Promotional Events and Activities - Membership	356	
CDA Telemarketing	357	
1993 Per Diems/Honoraria Rates	357	418
Annual Grant to CFDE	357	
Québec Affiliate Representation - CDA Board of Governors	357	
Hygiene Supervision Statement	358	
Grieve Memorial Lecture - Proposed Agreement	358	
Funding Requests	358	
Ontario Dental Nurses' and Assistants' Association	358	
Nicaragua Project	358	
National Dental Epidemiology Project	359	
- Coordinating Committee		
CDA Policy - Air Travel	359	
CDA Membership Benefits - CDAnet Value-Added Package	359	
Administration of CDF and CFDE	359	
Cheque Registers - Chairman's Audit	360	
Nominations, Awards and Trusts	419	
Elective Offices	419	425
Biographical Information	419	426
Call for Nominations 1992	419	442
Election results	420	
Committees of Executive Council	420	456
Corresponding Members	421	461
Honorary Membership	421	462
Distinguished Service Award	422	464
Award of Merit	422	468
Certificate of Merit	423	
CDA President's Award	423	473
CEO's Candidacy - CDA Awards	423	474
Special Friend of Canadian Dentistry Award	423	
Appreciation	423	
Canada Volunteer Award	424	
Women and visible minorities on CDA Councils/ Committees	424	

LEGEND

August 1992

	<u>Page Number</u>	
	<u>Report</u>	<u>Appendix</u>
STANDING COMMITTEES (continued)		
Student Affairs	480	
CDA Student Membership	480	
Review of the Structure of the Committee on Student Affairs	482	
CDA/CDSPI Grad Dinners	483	486
Association of Canadian Faculties of Dentistry	483	488
Welcome to the Profession Reception	484	
Patient Communication Seminar	484	
CDA/Dentsply Student Clinician Program	484	
Summary	485	
Taxation	490	
GST Reporting	490	
Administration of GST	490	
Sale of Dental Practice	491	
Convention versus Continuing Education	491	
Direct Reimbursement Dental Plans	492	
CDA Taxation Seminars	492	494
Third Party Dental Plans	495	
Uniform System of Codes and List of Services	495	499
Standard Dental Claim Form	497	503
Purchaser Information Program	497	
CDA Prepaid Dental Plans Policy Manual	498	
AD HOC COMMITTEE REPORTS		
Professional Resource Utilization	505	
Report of the Special Professional Resource	505	
Sub-Committee to Executive Council - October 1990		
Updating and monitoring of Supply/Demand Data on an annual basis	505	
National Collection Centre	506	
The Delphi Exercise	506	
Employment and Immigration Point Rating System - Denture Therapists/Denturists	507	509
Enrolment Figures for Canadian Faculties of Dentistry	507	517
National Dental Epidemiology Project - Background and Work Agreement - Sampling Design and Statistical Analysis Plans	507	
Chairman's Remarks	508	

LEGEND

August 1992

	<u>Page Number</u>	
	<u>Report</u>	<u>Appendix</u>
 COUNCIL REPORTS		
Constitution and By-Laws	518	
Mission Statement	518	523
Goals	518	525
Interim Meeting Direction	519	
List of Active Members	520	527
Index	521	529
 Education	531	
Terms of Reference	532	539
Other Organizations' Reports	533	
Continuing Education Committee	533	
Dental Admissions Committee	534	
Nominating Committee	536	
1993 Teaching Conference	536	
Certification and Licensure of Dentists	536	
Certification of Dental Specialists	537	
Specialty Recognition of Oral Medicine	537	
McGill University - Faculty Update	537	
National Council on Bioethics in Human Research	537	
Needle Use and Recapping	537	
Other Business	538	
 Insurance and Investment	545	
Accidental Death and Dismemberment 1993 Renewal	545	
CDIP General Plans 1993 Renewal	546	561
CDIP Benefit Plans 1993 Renewal	550	
Living Benefits	551	
Excess Limits	551	
Retirement Savings Protection	552	
Deferred Tax Protector Rider	553	
Other Discussions	555	
CDA RSP Performance and Renewal	555	
HIV/HEP B Coverage	557	
1992 CDIP Financial Experience	558	
Update on Legal Issues	558	
Claims Problems	559	
Grad Dinners	559	
CDA/CDSPI Management Committee Meetings	560	
CDSPI/Co-Sponsors	560	

LEGEND

August 1992

	<u>Page Number</u>	
	<u>Report</u>	<u>Appendix</u>
 COMMISSION REPORTS		
Dental Accreditation of Canada	585	
Terms of Membership	585	
Certification of Allied Dental Personnel	586	592
New name and logo	588	594
Terms of Reference - Sub-Committees	588	
1991 Surveys	588	
Dental Hygiene Education Programs	588	
Hygiène Dentaire Education Programs	588	
Dental Assisting Education Programs	588	
1992 Survey Schedule	589	
New Applications for Accreditation	589	
Accreditation Fees	589	
McGill University - Faculty of Dentistry	590	
Clinical Outcomes Review and Evaluation (CORE)	590	
Health Facility Dental Services Standards and	590	
Hospital Internship Education Program Requirements		
Clinical, Written and Simulation Examinations	590	
Certification of Dentists in Canada	591	
Infection Control and Accreditation Requirements	591	
and Standards	591	
Closing		
 OTHER DENTAL ORGANIZATIONS:		
Association of Canadian Faculties of Dentistry	595	
Canadian Dental Assistants' Association	598	
Canadian Dental Foundation	601	
Canadian Dental Hygienists' Association	603	606
Canadian Fund for Dental Education	622	626
The Royal College of Dentists of Canada	636	
 SPECIALTY SECTIONS		
Canadian Academy of Endodontics	638	
Canadian Academy of Oral Pathology	640	
Canadian Academy of Pediatric Dentistry	641	
Canadian Academy of Periodontology	643	
 NEW BUSINESS		
Board of Governors	644	
Canadian Unity		

EXECUTIVE COUNCIL

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

- Members:** Dr. Les Allen, Winnipeg - Chairman
Dr. Bernard Dolansky, Ottawa
Dr. Raymond Wenn, Charlottetown
Dr. Jim Brookfield, Kirkland Lake
Dr. Barry Dolman, Montréal
Dr. Toby Gushue, St. John's
Dr. Bryun Sigfstead, Edmonton
Dr. Ron Smith, Duncan
Dr. Bernie White, Saskatoon
- Senior Staff:** Mr. Jardine Neilson, Executive Director
Mrs. Sandra Deziel, Manager - Executive Services
- Coordinator:** Mrs. Suzanne Burton

1. Council Meetings

Since the August 1991 Annual Meeting of the Board of Governors, the Executive Council has met three times - August 24 (re-convening August 27), November 2, 1991 and January 31-February 1, 1992. The Executive Council Planning Session was held on November 1-2, 1991.

ITEMS REQUIRING BOARD ACTION

2. FDI Delegates

RESOLVED:

- 92.1 THAT the CDA Official Delegates to the 1992 FDI Congress in Berlin be Dr. Bernard Dolansky, CDA President and Dr. Gilles Dubé, National Treasurer.

ADOPTED

The CDA Alternate Delegates to the 1992 FDI Congress in Berlin will be Brigadier General J. Fred Begin and Dr. Michel Jahjah. The attendance of Alternate Delegates is at no additional cost to CDA and is subject to confirmation of their attendance at FDI.

3. **Appointment of Auditors - Canadian Dentists' Insurance Program (CDIP)**

RESOLVED:

92.2 THAT the firm of Clarke, Henning and Company be appointed auditors for CDIP for 1992.

ADOPTED

4. **CDA Mission Statement and Goals**

The current mission of the Canadian Dental Association was formulated in 1984 and approved by Governors in 1986. The Executive Council deemed it normal and indeed essential for the organization's mission to be examined, and if appropriate, altered or re-worked to ensure that the Association's "raison d'être" be appropriately articulated. This examination was the focus of the 1991 Executive Council Planning Session. Respectful of the Association's history, the appended new proposed Mission Statement adds emphasis to meeting the needs of members.

The next component of the strategic planning process dealt with the identification of goals; the key milestones to accomplish the proposed new Mission Statement. The objects and purposes incorporated into CDA's Constitution and By-Laws in 1987 were utilized to focus discussion and were examined for necessity and sufficiency with regard to the revised mission.

Six proposed goals were identified by the Executive Council, and are appended for the Board's approval. The appended Mission Statement and goals have been circulated and reviewed through a consultation process involving the CDA Corporate Members and other affiliated organizations. Comments received as a result of this consultation process were examined by the Executive Council at its January meeting, and appropriate refinements have been made.

APPENDIX I

RESOLVED:

92.3 THAT the appended Mission Statement for the Canadian Dental Association be approved.

ADOPTED

APPENDIX II

RESOLVED:

- 92.4** **THAT the appended goals for the Canadian Dental Association be approved.**

ADOPTED

RESOLVED:

- 92.5** **THAT the Council on Constitution and By-Laws take the appropriate action to effect the necessary amendments to the By-Laws and Letters Patent of the Association.**

ADOPTED

5. CDA Guidelines for the Handling of Mercury and Dental Amalgam

In its report to the 1991 Annual Meeting of the Board, the Committee on Dental Materials and Devices presented for information revised guidelines for the handling of mercury and dental amalgam. The Executive Council directed that the Committee circulate the guidelines for input and comment. The Committee has completed this task, and the guidelines were presented to Executive Council for comment on the approval process, and appropriate distribution.

While noting that the existing guidelines had not received Board approval, but were presented as an information document, the Executive Council considered it appropriate that the revised document be submitted for Governors' approval. The Executive Council examined the document and made several adjustments, to ensure the practicality of the guidelines for use by staff in dental offices.

APPENDIX III

RESOLVED:

- 92.6** **THAT the appended CDA Guidelines for the Handling of Mercury and Dental Amalgam be approved.**

The Board of Governors directs that the Guidelines for the Handling of Mercury and Dental Amalgam be referred back to the Committee on Dental Materials and Devices for appropriate circulation.

6. **CDA Position Statement on Supervision Requirements for Dental Hygienists**

At its 1990 Interim Meeting, the Board approved a CDA policy statement on Supervision of Dental Hygienists. Acting on concerns expressed by the Canadian Dental Hygienists Association and public health dentists, Governors approved the establishment of an Ad Hoc Committee to review the policy. The Ad Hoc Committee comprised representation from the CDHA and public health dentists.

During 1991, the Committee produced several draft revisions to the existing statement which were circulated for comment. In the final draft stage, the Ad Hoc Committee proposed a joint CDA/CDHA position on the Management of Comprehensive Oral Health Care. This document was presented to the Practice and Regulation Council of CDHA in late January; it was considered unacceptable. In essence, while respecting the good will between the two organizations, the CDA and CDHA have agreed to disagree on a joint Supervision Statement.

Given this development, the Executive Council reviewed and revised a CDA Position Statement on Supervision Requirements for Dental Hygienists.

APPENDIX IV

RESOLVED:

92.7 **THAT the appended CDA Position Statement on Supervision Requirements for Dental Hygienists be approved.**

The Board of Governors refers the Statement on Supervision Requirements for Dental Hygienists to the Management Committee for modification and presentation for consideration at the 1992 Annual Meeting of the Board of Governors.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. **Certification of Dental Specialists**

In its 1990 report to the CDA Board of Governors, the Ad Hoc Committee on Certification of Dental Specialists put forth the concept of a new Commission on Specialty Examination, responsible for the overall process of Examination and Certification of Dental Specialists in Canada. Governors directed that the Ad Hoc Committee give further attention to the concept of a Commission on Specialty Examination, and make specific recommendations on membership and terms of reference, as well as an estimate of cost.

At its January Meeting, the Executive Council received the appended supplementary report of the Ad Hoc Committee as information. As noted, the document is currently being circulated for review and comment, the receipt of which is anticipated prior to the 1992 Interim Meeting. Following review of all input, it is the intent of the Ad Hoc Committee to present recommendations to the Executive Council in light of the two options identified in the supplementary report. If this process is completed prior to the Interim Meeting, recommendations of the Executive Council will be presented for the Board's consideration.

APPENDIX V

8. Constitutional Proposals - CDA Position on Portability

The Executive Council has reviewed a government document - "Shaping Canada's Future Together - Proposals" - and more specifically the area entitled "Enhancing Trade and Mobility Within Canada". The proposal in question entails a change to Section 121 of the Constitution to enhance the mobility of persons, capital, services and goods within Canada by prohibiting any laws, programs or practices of the Federal or Provincial Governments that constitute barriers or restrictions to such mobility.

Dr. Ron Markey, a CDA Past-President has been approached to participate as a member of Group 4 on Professions of the Constitutional Review Process. Council deemed it appropriate that CDA make a statement through this consultation process on its support of the principle of portability, and the right of dentists to practise in any province of Canada, provided that appropriate practice standards are met. Council has approved that Dr. Markey act in the capacity of a CDA representative to this Group.

9. 1992 Priorities

Following the establishment of a proposed new Mission Statement, and Goals for the Association at the 1992 Planning Session, the Executive Council re-examined priorities for 1992.

In September, 1991, CDA President Dr. Les Allen sought input from a broad range of organizations and individuals who are stakeholders in the Canadian Dental Association. The input received was thoughtful and constructive, and provided a valuable resource to the Executive Council in the discussion of priorities, the identification of issues, and the establishment of strategies for issue management.

At the outset of discussions, the Executive Council recognized communications, and cost control essential to financial stability, as overriding priorities for the Association.

National/Provincial Relations, services to members and membership marketing, CDAnet, Ethics, PRUC - Research Support continue to be high on the list of CDA priorities.

While focusing on its dedication to meeting the needs of its members, the CDA will strive to identify its role complementary to that of its Corporate Members. CDA's presence in and interaction with provincial jurisdictions will be tailored to meet the needs of both the provinces and the national association, while providing the optimal forum for communication with the membership.

CDA will continue to strive for awareness of membership needs and to position itself to meet these needs. In recent years, CDA has proven its strength in issue management, with most recent examples being demonstrated in the areas of HIV and other infectious diseases, the GST and mercury amalgam. The CDA is committed to continue its efforts in these and other areas of concern to the profession.

The commitment to membership marketing across Canada is ongoing, with a focus on specific target groups such as new graduates and women in dentistry.

10. **Insurance Carrier for the CDIP Life and Disability Plans**

At the 1991 Annual Meeting, Governors ratified a motion passed by the Executive Council authorizing the immediate implementation of tendering of the CDIP Life, Dependents' Life, Long Term Disability, Office Overhead Expense and Dentists' Staff Package Insurance Plans. On August 27th CDSPI Management Committee, along with representatives of TPF&C met with CDA Executive Council to report on the results of the tendering process, and to present recommendations of the Board of Directors of CDSPI acting as the CDA Council on Insurance and Investment.

The Life and Disability Insurance Plans of CDIP were tendered to eleven insurance companies, including the current carrier, Met Life. Three companies, including Met Life, submitted tenders. The tenders submitted by Met Life and the third tenderer did not meet the requirements of CDIP, and therefore these companies were not considered to be acceptable as carriers. The tender submitted by the Prudential Group Assurance Company of England (Canada) was considered to satisfy the requirements of CDIP, and was therefore recommended as the new carrier for CDIP.

Prudential is the seventh largest insurance organization in the world, with over 35 years of experience in working with the special needs of Associations. Based on the information presented, the recommendation of the Council on Insurance and Investment, and the advice of its consultants, the Executive Council approved a recommendation directing the Council on Insurance and Investment to negotiate a contract with Prudential as the carrier for the benefit plans of CDIP, effective January 1, 1992.

In order to proceed with negotiations, the Executive Council was presented with and approved recommendations of the Council on Insurance and Investment relative to:

- 1) Repayment of the loan made by the CDIP Life Insurance Plan Trust to the CDIP Disability Insurance Plan Trust on December 13, 1990.
- 2) Pre-funding the Rate Stabilization Reserves for the CDIP Life Insurance Plan and the CDIP Disability Insurance Plans.

In order to pre-fund the Rate Stabilization Reserve for the Disability Plans, the existing guaranteed conversion reserve required by Met Life, together with a further loan in the amount of \$500,000 from the CDIP Life Insurance Plan Trust will be utilized. This loan will be on an interest free basis, for the same reasons as applied to the past loan from the Life Surplus to the Disability Plans. The funding for the Rate Stabilization Reserve of \$500,000 relating to the Life Insurance Plan will be provided directly from the surplus funds currently held in the CDIP Life Insurance Plan Trust.

The motions passed by the Executive Council in this regard are appended for the Board's information.

APPENDIX VI

11. Changes to CDIP - Disability and Exclusion Riders

Discussion has taken place between Prudential and CDSPI on the provision of Disability and Exclusion Riders. Exclusions/Waivers are a means of issuing coverage to persons who would otherwise have had coverage declined. The Executive Council has directed that effective January 1, 1992 the CDIP Life, LTD, OOE coverage can be issued with riders and exclusions.

- Malpractice - Five Year Extension

On recommendation of the Council on Insurance and Investment, the Executive Council has approved the extension of coverage after retirement and surrendering one's license under the Malpractice Plan of CDIP. This extension of coverage is at no cost to participants, as long as Guardian remains the insurer for CDIP Malpractice.

12. Disability Coverage - HIV and the Seropositive Dentist

CDSPI has requested that Prudential provide its position on disability coverage relating to HIV and the seropositive dentist. An initial verbal response given to this

request would suggest that positive testing for HIV, if it is the sole reason for not continuing to practice, would not, in itself, indicate a disability and therefore would not action disability coverage. If, however, HIV infection leads to a medical condition which in the opinion of a review panel (which includes the practitioner's physician) struck by a licensing authority inhibits the continuation of practice of a dentist, then a viable disability claim would exist. CDA awaits the written confirmation of Prudential's position on this coverage.

At the request of the Executive Council, the Council on Insurance and Investment is pursuing the availability of coverage solely on the basis of HIV positive testing.

13. **Approval of the CDA RSP Audited Financial Statements**

In recent years, requests have been made to the CDA that two members of the Board of Governors be approached to be signatories to the financial statements for the CDA RSP, prior to the statements being reviewed or approved by any one of the Management Committee, Executive Council or the Board of Governors. This request is made in order that the audited financial statements may be included in the Annual Report of the CDA RSP.

CDSPI was requested to respond to concerns expressed by the Executive Council regarding a process which does not allow for the approval of the audited statements by those who are responsible.

This matter has been discussed with CDSPI, and Executive Council has delegated the review and approval of the CDA RSP financial statements to the Management Committee. This approval process will be carried out within the same time frame as that currently used, in order to allow for the timely production of the Annual Report of the CDA RSP.

The approval of the audited financial statements for the CDA RSP as of May 31, 1991 was ratified by the Executive Council at its August, 1991 meeting.

APPENDIX VII

14. **Universal Life Insurance**

The Executive Council has referred correspondence and background documentation on the provision of Universal Life Insurance to the Council on Insurance and Investment. This information is currently being examined and Executive Council anticipates an early report.

15. **CDA Application to the Ontario Court, General Division, Commercial Law Review Panel**

At the 1991 Interim Meeting, Governors were informed of an action taken by l'Association des Chirugiens Dentistes du Québec against CDA with regard to the distribution of CDIP surpluses. As directed by Governors at that time, Fasken Campbell Godfrey is proceeding with the defense of the QDSA's action on behalf of the CDA.

Governors were further notified that CDA would pursue obtaining an opinion of a Justice of the Ontario Court Commercial Law Review Panel, as to the performance of the CDA's Executive Council, as Trustees, in the management and distribution of CDIP surpluses. The "set date" hearing has taken place and the tentative hearing date is the week of June 12, 1992.

16. **Self-Learning/Self-Assessment Program**

Executive Council had previously expressed concern that the Self-Learning/Self-Assessment Project cooperatively mounted through the support of the Canadian Dental Association, the Association of Canadian Faculties of Dentistry, the Canadian Fund for Dental Education and the National Dental Examining Board had been re-constituted as a private corporation, with the knowledge and approval of the NDEB.

CDA President, Dr. Les Allen, wrote to the NDEB on behalf of the Board of Governors to request an update on the NDEB Board's current position with respect with SLSA.

In responding to the CDA's concerns, the NDEB has confirmed that it accepts continuing responsibility for the SLSA. The response also acknowledges that it is the NDEB's intent to reimburse CDA and other organizations involved for contributions to the pilot project, but that the financial performance of SLSA to date has not permitted such a reimbursement.

17. **CDA Appointments**

Since the 1991 Annual Meeting, the President, Dr. Les Allen has made the following appointments:

- Dr. Raymond Wenn of Charlottetown, P.E.I. has been appointed Chairman of the Communications Steering and Government Relations Committees.

-
- Dr. Barry Dolman of Montréal, Québec has been appointed Chairman of the Membership Services Committee, and as a member of the Communication Steering Committee.
 - Dr. Luc Dugal of Calgary, Alberta has been appointed Chairman of the Third Party Dental Plans Committee.
 - Colonel Morley Deyette of Borden, Ontario has been appointed Chairman of the Ethics Committee.
 - Mrs. Deborah Cooper-Lall of Edmonton, Alberta has been appointed Chairman of the Student Affairs Committee.
 - Dr. Alfred Dean of New Waterford, Nova Scotia has been appointed as a member of the Third Party Dental Plans Committee.
 - Dr. David Tobias of Vancouver, B.C. has been appointed as a member of the Third Party Dental Plans Committee.
 - Dr. Neil Farrell of London, Ontario has been appointed as a member of the Dental Specialties Committee.
 - Dr. John McComb of Toronto, Ontario has been appointed as a member of the Dental Specialties Committee.
 - Dr. Keven Hockley of Windsor, Ontario has been appointed as a member of the Membership Services Committee.
 - Dr. Garry Austman of Steinback, Manitoba has been appointed as a member of the Membership Services Committee.
 - Dr. Les Allen of Winnipeg, Manitoba has assumed the Chairmanship of Management Committee and Executive Council, by virtue of office.

18. **President's Activities**

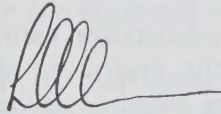
The schedule of the activities of the President to date is appended for Governor's information.

APPENDIX VIII

19. **Council and Committee Reports**

Executive Council has reviewed Council and Committee reports as appended, and other matters requiring Board action follow therein.

Respectfully submitted,



Les Allen, B. Comm., D.M.D.
Chairman, Executive Council

FILING OF REPORT

The Board of Governors accepts with appreciation the report of Executive Council.

MISSION STATEMENT

The CDA is the authoritative national voice, resource, and focus of unity for the profession of dentistry in Canada, -- dedicated to meeting member needs, and the promotion and provision of optimal oral health for Canadians.

MISSION DE L'ADC

Porte-parole national officiel, principale ressource et point de convergence de la profession au pays, l'Association dentaire canadienne cherche à satisfaire aux besoins de ses membres, à promouvoir l'excellence et la prestation des meilleurs soins dentaires possibles à la population canadienne.

GOALS

- o To ensure that the Association is able to identify, and position itself on all subjects critical to dentistry which are of importance to its members.
- o To develop positions, policies and programs which will provide optimal, accessible oral health care for Canadians.
- o To develop programs, standards and services at the national level, which will enrich the profession and the personal life and character of its members.
- o To develop and maintain an effective national communication strategy and programs to communicate with CDA publics and stakeholders on all matters under the mandate of CDA.
- o To provide a national forum which facilitates the exchange of ideas on, and the development of, unified positions and standards on issues of interest to dentistry.
- o To ensure that the Association has the necessary resources to effectively manage all programs necessary to fulfil its mandate.

OBJECTIFS DE L'ADC

- o Veiller à ce que l'Association puisse se situer et prendre position sur toute question essentielle pour la profession et importante pour ses membres.
- o Formuler des positions, des politiques et des programmes qui permettront de donner à la population canadienne l'accès aux meilleurs soins dentaires possibles.
- o Mettre au point, à l'échelle du pays, des programmes, des normes et des services qui permettront d'enrichir la profession, la vie personnelle et le caractère de ses membres.
- o Mettre au point et maintenir une stratégie efficace de communication à travers le pays et des programmes adéquats de communication avec les divers publics et les dirigeants de la profession sur toute question relevant du mandat de l'ADC.
- o Fournir à l'ensemble du pays une tribune facilitant l'échange des points de vues, la prise de positions communes et la formation de normes sur des questions touchant la dentisterie.
- o Veiller à ce que l'Association ait les ressources nécessaires pour mener efficacement les programmes qui lui permettront de remplir son mandat.

CDA GUIDELINES FOR HANDLING MERCURY AND DENTAL AMALGAM

Mercury is a hazardous substance which requires careful handling. Dental amalgam contains mercury, which forms compounds with silver, tin and copper to help give dental fillings the strength required to endure tremendous force which is generated in the human mouth during normal chewing. Once in place, amalgam fillings are relatively inert, although studies have shown that minute amounts of mercury vapour are released during chewing. Some individuals are sensitive to mercury and dentists should take this into account during treatment planning. There has been no scientific evidence that the amount released constitutes a health hazard for the general population.

The following guidelines for the safe handling of mercury dental amalgam were prepared by CDA's Committee on Dental Materials and Devices. They are intended as a reference for staff in the dental office.

1. All office personnel should be educated to understand the potential hazards of handling mercury and the need to follow safe mercury handling practices;
2. Mercury will penetrate the skin and therefore should not be handled directly;
3. The use of precapsulated alloy and mercury is highly recommended to eliminate the possibility of spills during the handling of bulk mercury. Handle capsules in a well ventilated area to carry away amalgam vapours;
4. Bulk mercury should be kept in its original container which should be tightly closed and stored in a cool place;
5. All operations involving mercury should be carried out over smooth, lipped surfaces to confine mercury spills and aid in their recovery;
6. Flooring in dental operatories should be smooth and be free of joints. Carpeting is contraindicated in operatories because it is impossible to decontaminate once mercury has penetrated it;
7. All mercury spills should be picked up as soon as possible;
8. Mercury dispensers should be handled with extreme care and discarded if they leak;
9. Reusable capsules can deteriorate with use and should be replaced regularly;
10. An amalgamator with completely enclosed arms and capsule is preferred. The amalgamator should be placed in a location or over a device which permits easy clean up of mercury that escapes during trituration;
11. The interior surfaces of the amalgamator are a major source of mercury contamination and should be wiped clean;
12. Face masks should be discarded after amalgam procedures to reduce the practitioner's exposure.
13. Ultrasonic condensing techniques are contraindicated;
14. Water spray and suction are required during the grinding or cutting of silver amalgam;
15. All used mercury and amalgam scraps should be stored under mercury vapour suppressing liquids - or when these are not available, x-ray fixer - in a tightly closed container prior to proper disposal;
16. Do not allow mercury or mercury contaminated wastes to escape in the drain or sewer unless the system is equipped with an adequate separating device to prevent environmental pollution.
17. Smoking immediately after or during the handling of mercury will increase the uptake of mercury;
18. Air filters in recirculating ventilation systems should be changed regularly;
19. Do not use vacuum cleaners in areas where mercury is handled. They increase the contamination by recycling the mercury into the atmosphere;
20. If contamination is suspected, hair, blood and/or urine of dental personnel should be medically tested for mercury contamination.

FEBRUARY 1992

PROPOSED
CDA POSITION STATEMENT
ON
SUPERVISION REQUIREMENTS FOR DENTAL HYGIENISTS

Background

The Canadian Dental Association supports the concept of an oral health care delivery team, with all patient care managed by the dentist. Dentists and dental hygienists work collaboratively as members of this team to contribute to the health and care of the public in an efficient and effective manner.

CDA, as a national association, recognizes an obligation to maintain and protect the high standards of oral health care delivery in Canada. This position paper is intended as resource not only for the members of the oral health care team, but for also other groups involved in defining and rationalizing the roles and responsibilities of all types of health care personnel and their working relationships.

We believe that the three approaches to supervision of dental hygienists outlined in this document are supportive of high standards of oral health care because they are consistent with the important principles outlined below. It is emphasized, however, that the specific approaches outlined, while endorsed nationally, do not supersede, replace or affect provincially defined requirements for supervision established under the authority of dental and dental hygiene licensing bodies recognized under provincial legislation.

Important definitions that may assist in understanding this document are outlined in Appendix I.

APPENDIX I

Important Principles

Any definition of the working relationship of the dentist and dental hygienist must respect the following principles to maintain and protect high standards of oral health care delivery in Canada:

1. (a) The dentist is accountable for the patient's overall oral health care and coordinates delivery because he or she is prepared and qualified to provide a differential diagnosis of oral health status, to plan and render treatment required, or to delegate or refer specific aspects of such planning or treatment.
- (b) Comprehensive oral health care requires differential diagnosis and treatment planning by a dentist. Dental hygiene services are one essential component of comprehensive oral health care and should not be offered independently.

- (c) The most effective and efficient care is achieved when the dental hygienist functions collaboratively with the dentist. Comprehensive patient oral health care cannot be achieved if the dental hygienist is an independent practitioner.
 - (d) Every individual has a fundamental responsibility for his/her own health and should be an active participant in achieving optimum oral health.
2. (a) Dental Hygienists licensed by Dental Licensing Authorities should have representation, with full rights and responsibilities, on the Board of the Dental Licensing Authority.

Practical Arrangements for Supervision of Hygienists

Every patient should have the advantage of diagnosis and treatment planning by a dentist before any treatment is undertaken. However, it may be practical to have a dental hygienist conduct a preliminary assessment of a patient's oral health status prior to providing dental hygiene treatment or alerting the dentist regarding the assessment findings of the patient. Growing needs for oral health care in public health programs and institutional settings require supervisory arrangements that permit such scope for the hygienist while respecting the important principles noted earlier.

Supervisory Arrangements

This document sets out three categories for supervisory arrangements which may be employed at the discretion of a dentist, where provincial regulations permit, to provide varying degrees of supervision, appropriate in varying circumstances, while ensuring that the dentist retains overall responsibility for patient care. How these categories correspond to current provincial terminology or patterns of services is set out in Appendix II.

APPENDIX I

The degree of supervision appropriate to ensure the protection of the public should depend on three factors: the degree of knowledge and proficiency of the dental hygienist, the risk involved in the procedures to be performed, and the professional judgment of both the supervising dentist and the dental hygienist as to the appropriate level of supervision.

CATEGORY I SUPERVISION

Some procedures provided by dental hygienists require supervision by a dentist who is physically present in the office and immediately available.

Category I Supervision means that a licensed dentist must:

- (a) Through direct examination of the patient diagnose the condition to be treated and prepare a comprehensive treatment plan.
- (b) Authorize the procedures to be performed.
- (c) Respond immediately or quickly to requests for advice, assistance and/or suggestions made by the dental hygienist.
- (d) Review the written dental records of the patients and determine the immediacy of requirement for the next dental examination of each patient, in consultation with the dental hygienist, where possible.
- (e) Be physically present in the office suite or institutional dental service.

CATEGORY II SUPERVISION

Certain procedures provided by dental hygienists may not require the dentist to be physically present in the office and immediately available.

Category II Supervision means that a licensed dentist must:

- (a) Through direct examination of the patient diagnose the condition to be treated and prepare a comprehensive treatment plan.
- (b) Authorize the procedures to be performed.
- (c) Be able to respond in a practical fashion to requests for advice, assistance and/or suggestions made by the dental hygienist (or specifically provide for such response by another dentist).
- (d) Within a reasonable period of time following completion of dental hygiene care, review the written dental records of the patient care provided and determine the immediacy of requirement for the next dental examination of each patient, in consultation with the dental hygienist, where possible.
- (e) The dentist need not be physically present in the office suite or institutional dental service when the directed treatment is carried out.

CATEGORY III SUPERVISION

Within an institutional or public health setting, certain procedures may be provided by a dental hygienist, without a prior dental diagnosis or without a dentist being present if selected oral health care is defined under specific protocols or standing orders and authorized by the directing or consulting dentist. The level of risk involved and of service required within the public health or institutional setting should be assessed in advance by a public health dentist.

Definition of Category III SUPERVISION

Category III Supervision means that:

- (a) An authorized dentist functioning as a program director or program consultant authorizes procedures to be performed by a dental hygienist who will carry out preliminary assessment of a patient's oral health status.
- (b) The dental hygienist will provide approved dental hygiene services and/or alert the authorizing dentist or a designated dentist of the immediacy of requirement for a future dental examination and treatment of the patient.
- (c) The authorizing dentist need not provide a dental diagnosis or be physically present when dental hygiene treatment is being carried out by the dental hygienist but remains cognizant of care being provided.
- (d) The dental hygiene treatment is being provided within a public program/institution where the oral health components of the program are under dental supervision or defined by specific protocols and standing orders.

Considerations Affecting Choice of Supervisory Arrangement

1. **CATEGORY III SUPERVISION:** As defined, Category III Supervision is NOT applicable in private practice. Category III does not include a dental diagnosis and limits the practise of dental hygiene because it is not consistent with the goal of overall comprehensive oral health care for the patient.
2. **PATIENT HEALTH STATUS:** The dentist and dental hygienist must consider the health status of the individual patient in making the choice of supervisory arrangement. A medical clearance form indicating informed consent should also be obtained by the dental hygienist before treatment is commenced. The dental hygienist working under CATEGORY III SUPERVISION must also take note of the known health status of each patient and decline to commence dental hygiene treatment under CATEGORY III SUPERVISION, when indicated under guidelines established by the supervising dentist.
3. **LIMITATIONS of PROVIDERS:**
 - a) The dentist in private practice should provide CATEGORY I supervision if he or she is accepting responsibility for the comprehensive treatment planning and the services of multiple hygienists who are providing services at the same time.
 - b) Dentists accepting responsibility for public health programs or institutional oral health care programs should also recognize that there is a limit on the volume of service that one dentist can oversee while remaining cognizant of patient care.
 - c) All dentists must recognize that the range of supervisory responsibility accepted must be reasonable, and that they are accountable for their ability to ensure adequate patient oral health care within provincial law and professional regulation. The selection of the appropriate level of supervision should be made in consultation with the dental hygienist.

CONCLUSION

Dental Hygienists, on the basis of their education, training and expertise, are valued members of the oral health care delivery team with an important role in the provision of specific components of dental care. In private practice, dental hygienists may work with the dentist under either CATEGORY I supervision or, CATEGORY II supervision as delineated under provincial regulations for the procedures being performed. In institutions providing overall programs of medical services under medical direction and in managed public health programs, they may work under CATEGORY III supervision. Arrangements for supervision must take into account policies of provincial licensing authorities and provincial law, the health status of the patient, and the qualifications/limitations of the individuals who are the providers of patient care. Both the dentist and the dental hygienist must be cognizant of such considerations and exercise appropriate discretion. It should be clear that the setting, whether it be institutional or private practice, should not be the determinant of supervision. It should be the principles outlined in this document that form the basis for these decisions.

While the appropriate arrangement for supervision is a matter of choice within options specified by the individual provincial licensing authorities, supervision is always required and the services rendered by the dental hygienist are of full benefit only within the context of comprehensive oral health care provided by a dentist.

DEFINITIONS

PRELIMINARY ASSESSMENT is initial patient inspection by a Dental Hygienist. Dental Hygienists, in the implementation and evaluation of Dental Hygiene care, must make their own judgements or assessments which do not constitute comprehensive differential diagnosis - but which are specific assessments, within dental hygiene competence and preparation, necessary to patient care or education.

(Reference pg. IV CDA Dental Hygiene Competency Profile)

COLLABORATIVE PRACTICE is communication and cooperation with appropriate members of the dental health team to provide care consistent with the overall plan of dental care for the patient.

(Reference Pg. 8, item 8.1 Clinical Practice Standards for Dental Hygienists in Canada, Health and Welfare Canada, 1988)

INDEPENDENT PRACTITIONER is a Dental Hygienist who operates outside of the three categories of supervision outlined in this document.

PRIMARY CARE is patient care provided by the practitioner who initially receives the patient. Primary care should be provided by the dentist in the private practice setting. In the public health setting, the dentist delegates this responsibility as part of Category III - Supervision.

COMPREHENSIVE DENTAL CARE is complete and coordinated patient care based upon a differential diagnosis by a dentist and patient treatment or referral as appropriate.

INSTITUTION - "Institution" is a body established to further the public interest through service in a field such as education or health. The term has come to be synonymous with the physical facilities or buildings housing such services. This includes government agencies, long term care facilities, public health, and other health care institutions.

APPENDIX II

Supervision Categories	NFLD.	MB.	NS.	P.E.I.	QUE.	ONT.	MAN.	SASK.	ALB.	B.C.
CAT. 1										
1- Diagnosis	Direct	Direct	Direct	Direct	Direct	Direct	Direct	Personal Supervision for local Anesthetic	Direct Private Practice	Personal Supervision for local Anesthetic
2- Dentist Physically Present	Private Practice	Private Practice & Institutions	Private Practice	Private Practice	Private Practice	Private Practice	Private Practice	local Anesthetic	Private Practice	
3- Full Hyg. Services										
CAT. 2										
1- Diagnosis								Direction		Direction
2- Dentist not Physically Present								Private Practice		Private Practice
3- Full Hyg. Services										
CAT. 3										
1- No Diagnosis	Indirect	Indirect	General	General	General	General	General	General	General	General
2- Dentist not Physically Present	Public Health	Public Health	Public Health	Community Health	Public Health	Public Health	Community Health	Community Health	Community Health	Permissible upon Application to Governing Council
3- Limited Hyg. Services										

SUPPLEMENTARY REPORT OF THE AD HOC COMMITTEE
ON CERTIFICATION OF DENTAL SPECIALISTS
RECOMMENDATIONS
REGARDING STRUCTURE

Addendum to the Report of the Ad Hoc Committee on
Certification of Dental Specialists
Preliminary Draft discussed October/November 1991
with selected reviewers

Final Draft submitted to the CDA Executive Council and released
for general review and comment in January 1992

CONTENTS

INTRODUCTION

COMMISSION ON SPECIALTY EXAMINATIONS

- Membership
- Responsibilities
- Processes
- Finances

LIST OF APPENDICES

- Appendix 1 - Estimated budget for proposed Commission on Specialty Examinations
- Appendix 2 - Estimated budget for proposed specialty examination process

INTRODUCTION

In its 1990 report to the Canadian Dental Association (CDA) Board of Governors, the Ad Hoc Committee on Certification of Dental Specialists put forward the concept of a new commission on specialty examinations responsible for the overall process of examination and certification of dental specialists in Canada. The ad hoc committee proposed that the commission on specialty examinations would work with the Royal College of Dentists of Canada (RCDC) which could provide certification examinations under policy established by the Commission, and with the National Dental Examining Board of Canada (NDEB) which is currently responsible for issuing a certificate to candidates recognized by the RCDC as having met specific standards. The report listed constituencies which would need to be represented on such a commission and outlined the responsibilities of the commission in general terms.

Following receipt of the report, the CDA Board of Governors asked the ad hoc committee to give further attention to the concept of a commission on specialty examinations and to make specific recommendations on membership and terms of reference, as well as an estimate of costs. The ad hoc committee met in Ottawa on June 13, 1991. This report presents the results of the committee's further review focusing on practical arrangements for establishing such a commission. The report has been presented to the Executive Council of the CDA Board of Governors and is being circulated for discussion and comment prior to consideration at the Interim Meeting of the CDA Board of Governors. The report was revised - before it was submitted to the CDA Executive Council and released for general comment - to reflect considerations raised during discussion of a preliminary draft of this report at the November 1991 meeting of the National Dental Examining Board.

The earlier draft of the committee's supplementary report proposed that the new coordinating body be a "commission" as distinct from a "council" or "committee" of the Canadian Dental Association. As a commission, it would stand in an arm's length relationship to CDA and have the capacity to discharge its mandate in an autonomous fashion. It was suggested that it is important for the commission to function as a policy-making body responsible for the overall process of examination and certification of dental specialists. While the commission would be obligated to formulate policy in a fashion which recognized existing jurisdictions, it was not viewed simply as an expediting mechanism working with existing resources and authorities. In the earlier draft, the Royal College of Dentists of Canada was seen as working under commission policy as the examining agent, while the National Dental Examining Board of Canada was seen as the certifying body granting certificates on the recommendation of the commission. During discussion at the November meeting of the National Dental Examining Board of Canada, reference was made to legal opinion, obtained by NDEB, suggesting that the NDEB could not legally delegate its responsibility in such a fashion.

Assuming the legal opinion is correct, there are only two basic alternative arrangements under which the proposed commission might be established. These are as follows:

1. The Commission on Specialty Examinations could be an autonomous body established under the by-laws of the Canadian Dental Association as an arms-length commission responsible for the overall process of examination and certification of dental specialists. Certificates granted by such a commission would bear the name of the commission and be issued under the authority of the commission.
2. The Commission on Specialty Examinations could be a special commission established under the authority of the National Dental Examining Board of Canada whose terms of reference would include responsibility for the overall process of examination and certification of dental specialists. Certificates granted by such a commission would bear the name of the National Dental Examining Board of Canada and be issued under the authority of the National Dental Examining Board.

If the proposed commission is to succeed, whether standing in relation to CDA or to NDEB, it must have the scope, autonomy and authority necessary to carry out its functions. One such essential function is serving as a mechanism which permits the perspectives of all of the interested constituencies to be taken into account in the development of policy and processes for specialty certification. It must be credible to these constituencies and be able to secure and maintain their support.

There has not been sufficient time for a meeting of the ad hoc committee following discussion at the NDEB meeting and the committee has accordingly not had an opportunity to consider the alternatives described above (which are consistent with legal advice received by the NDEB). Dr. Arthur Schwartz, committee chairman, approved the revision of the report to include the alternatives, and submission of the report to CDA Executive Council without a specific recommendation in this regard. Circulation of the report for review and comment will provide an opportunity for the ad hoc committee to collect and summarize reaction and provide advice to the CDA Board of Governors in time for the Interim Meeting of the CDA Board.

The balance of this report sets out the committee's recommendations on Commission Membership, Responsibilities, and Processes along with some estimates on costs. These were originally set out by the committee along with a recommendation for a CDA Commission (with RCDC as examining agent and NDEB as certifying agent). As noted, this kind of arrangement has been questioned legally. The recommendations are still relevant, however, with minor obvious revisions, for either a CDA Commission granting its own certificates or an NDEB Commission.

Depending on the outcome of discussion at the Interim Meeting of the CDA Board, they can be directed to the appropriate committee at CDA or NDEB for development of appropriate by-laws etc.

COMMISSION ON SPECIALTY EXAMINATIONS

Membership

The ad hoc committee recommends a commission composed of five members, as follows:

- | | |
|----------------|---|
| one (1) member | The Royal College of Dentists of Canada |
| one (1) member | The National Dental Examining Board of Canada |
| one (1) member | specialty societies in Canada |
| one (1) member | dental licensing authorities |
| one (1) member | Canadian Dental Association. |

It is recommended that the commission elect its own chairman from among these members.

A number of considerations were taken into account in establishing the recommended membership. The ad hoc committee noted that current arrangements for certification rely upon cooperation between the National Dental Examining Board of Canada and the Royal College of Dentists of Canada and that the creation of a commission provides a policy framework and a formal mechanism for such cooperation. In addition, it was felt to be advantageous to bring in representation from the specialty societies in Canada and the dental licensing authorities as neither group currently has a direct voice in the establishment of policy governing the overall national examination and certification processes. The ad hoc committee also recognized that the Canadian Dental Association is the body responsible for the recognition of new dental specialties and for the establishment of national policies on the scope of specialty practice. CDA representation was accordingly felt to be a vital consideration in the formation of the commission.

Consideration was given to the addition of a representative of the Canadian public or the consumer of dental care services. It was agreed, however, that the dental licensing authorities are the embodiment of the public interest as it relates to dentistry and that additional specific public representation was not required. The ad hoc committee was also concerned to keep the membership of the commission on specialty examinations small, both to assist its function as a working group establishing policy and to reduce costs.

An examination committee, chaired by the examiner-in-chief and composed of chief examiners from each of the dental specialties would report to the Commission on Specialty Examinations. The chief examiners in each of the dental specialties would maintain consultation with the societies representing the dental specialties. In addition the commission on specialty examinations would itself consult with the specialty societies and other constituencies as required to assist its consideration of specific issues.

Responsibilities

The ad hoc committee recommends the following specific responsibilities for the commission.

The commission shall:

1. In consultation with dental licensing authorities, the RCDC and national organizations representing the dental specialties, and in accordance with criteria set out in (7), below:
 - (a) appoint an examiner-in-chief,
 - (b) appoint chief examiners in each of the dental specialties,
 - (c) appoint examiners for each recognized dental specialty, and
 - (d) establish qualifying conditions for certification by examination for each dental specialty.
2. Establish a budget for this process:
 - (a) cover expenses for the Commission Board, and
 - (b) set fees for the examination process.
3. Through the offices of the RCDC, organize and conduct examinations annually at a suitable location and time.
4. Establish effective quality assurance programs for the conduct of the examinations.
5. Convey examination results and names of the successful candidates from the examiner-in-chief to the NDEB (or Commission) which will maintain a register of the certificants and issue the appropriate certificates to the candidates.
6. Through Canadian Dental Service Plans Inc. (CDSPI), provide for any liability that may be incurred in the examination process.
7. Utilize the following criteria in selecting examiners, chief examiners, and examiners-in-chief:
 - (a) All examiners, chief examiners, and examiners-in-chief shall be required to meet the same selection criteria;
 - (b) All shall be recognized as specialists in an appropriate field by a dental licensing authority in Canada; and
 - (c) All shall be selected from lists submitted by the licensing authority, the specialty societies, and the RCDC.

The ad hoc committee believes that these terms of reference should enable the commission to function as an autonomous body bringing together the relevant constituencies in the establishment of policy and processes related to the examination and certification of dental specialists.

Processes

The ad hoc committee notes that it is not possible, within the scope of a single meeting, to flesh out in any detail the actual processes which would be put in place beneath the commission on specialty examinations. It is anticipated, however, that the examination committee, which brings together the examiner-in-chief and chief examiners from each dental specialty, would utilize processes generally comparable to those currently employed by RCDC with the specific addition of consultation with the individual dental specialty societies.

Finances

The ad hoc committee recommends that the costs of meetings of the five member Commission on Specialty Examinations be borne by the constituencies sending the representatives and that the Commission be supported by NDEB or CDA staff depending on whether the commission is related to NDEB or CDA. It is felt that costs of other related overhead and of the examination committee process should not accrue to either body but should be recovered from examination fees, specialty societies, the Royal College of Dentists of Canada, licensing boards and any other groups which will benefit from this process. Individual dental specialties maintaining examination committees would be responsible for their own expenses and for the expenses of their chief examiner.

Since the process compares generally to the process currently employed by RCDC, it has been possible to obtain a rough estimate of costs from figures supplied by RCDC.

APPENDIX 1 sets out an estimated budget for the proposed Commission on Specialty Examinations. Annual costs of operating the 5 member commission are estimated at around \$11,512. It is proposed that costs of attending commission meetings be borne by the constituencies sending representatives and that costs of related staff support be carried by the Canadian Dental Association. Specific supplementary overhead costs for space, equipment, software, courier, etc. could be identified and eventually provided for in the cost-recovery budget outlined in appendix 2.

APPENDIX 2 sets out an estimated budget for the proposed specialty examination process. Annual cost of the examination committee directly overseeing the overall examination process is estimated at \$14,730. Annual cost of the actual conduct of the examinations is estimated at \$57,810, for a total examination process cost of \$72,540. It is proposed that these costs be borne chiefly by candidates, and revenue is projected at \$72,600, based on an examination fee of \$1650. Staff support for the examination process would be the responsibility of the Royal College of Dentists of Canada, while the NDEB or the Commission itself would be responsible for staff support required for issuance of certificates. A initial grant of \$50 per certificant is proposed to cover costs of preparing certificates.

The Commission on Specialty Examination is seen as the body responsible for approving fees charged to candidates and generating cost-recovery budgets. The Royal College of Dentists of Canada, as the Commission's examining agent, would submit activity-based budgets for approval. The National Dental Examining Board of Canada or the Commission itself, as the certifying agent, would submit cost analyses related to issuance of certificates and staff support, etc.

The Ad Hoc Committee on Specialty Certification is confident that, with cooperation and good faith, the proposed structure and processes could function effectively and achieve the heretofore impossible goal of a national system of certification of specialists recognized for purposes of provincial licensure. This addendum to the Committee's report is being widely circulated for review and comment prior to consideration by the CDA Board of Governors at its interim meeting in April 1992.

FILING OF REPORT

Executive Council receives the report of the Ad Hoc Committee on Certification of Dental Specialists as information, and will consider advice to the Board following receipt of comments.

PROJECTED RCDC COST-RECOVERY BUDGET FOR
SPECIALTY EXAMINATION PROCESS 1993

=====							
Category	#Persons	Mtngs	#Days	PerDiems	Mntnance	Travel	TOTAL
EXAMINATION CMTE							
Chairman	1	2	1	1530	400	800	2730
Members	10	2	1	0	4000	8000	12000
COMMITTEE COST:							14730
=====							
Specialty	Examnrs	Candidates	PerDiems	Mntnance	Travel	TOTAL	
Publ Health	3	1	0	600	1200	1800	
DentSciences	4	2	0	800	1600	2400	
Endodontics	4	2	0	800	1600	2400	
O&M Surgery	21	12	0	4200	8400	12600	
Or Pathology	5	1	0	1000	2000	3000	
Or Radiology	2	3	0	400	800	1200	
Orthodontics	10	8	0	2000	4000	6000	
Pediatric Dn	4	3	0	800	1600	2400	
Periodontics	9	6	0	1800	3600	5400	
Prosthodontcs	0	0	0	0	0	0	
Contingency	5	6	0	1000	2000	3000	
67		44	0	13400	26800	40200	
=====							
OTHER:							
Certification Costs (@\$50 per certificant)							2200
Space rental							10200
Per diems							2500
Courier							560
Translation							650
Miscellaneous							1500
							17610
=====							
REVENUE: @ \$1650 per candidate \$72,600				TOTAL COSTS:		\$72,540	

ESTIMATED BUDGET FOR THE COMMISSION ON SPECIALTY EXAMS

Category	#Persons	Mtngs	#Days	PerDiems	Mntnance	Travel	TOTAL
COMMITTEE:							
Chairman	1	2	2	1512	800	1200	3512
Members	4	2	2	0	3200	4800	8000
TOTALS:				1512	4000	6000	11512

REVENUE:
CONSTITUENCIES FUNDING OWN REPRESENTATIVE 11512

RESOLUTIONS OF THE EXECUTIVE COUNCIL
OF THE CANADIAN DENTAL ASSOCIATION

- WHEREAS: A) In accordance with the directions of the Executive Council, the Council on Insurance and Investment of the Canadian Dental Association arranged for the life and disability insurance plans of the Canadian Dentists' Insurance Program ("CDIP") to be tendered to eleven insurance companies including the current carrier of the plans, Metropolitan Life Insurance Company ("Metropolitan");
- B) Three insurance companies (including Metropolitan) submitted tenders and those tenders have been reviewed by the Council on Insurance and Investment and the Executive Council;
- C) The tenders submitted by Metropolitan and the third tenderer do not meet the requirements of CDIP and are not acceptable; and
- D) The tender submitted by the Prudential Group Assurance Company of England (Canada) quotes premium rates which are significantly lower than those submitted by Metropolitan and otherwise satisfies the requirements of CDIP;

NOW THEREFORE BE IT RESOLVED THAT the Council on Insurance and Investment be directed to negotiate a contract with the Prudential Group Assurance Company of England (Canada) to be the carrier for the benefit plans of CDIP effective January 1, 1992.

- WHEREAS: A) A loan was made by the CDIP Life Insurance Plan Trust to the CDIP Disability Insurance Plans Trust as of December 13, 1990 in order to permit the payment of certain disability claims denied by Imperial Life Assurance Company of Canada;
- B) The loan is required to be repaid in full by April 30, 1995;
- C) In order to generate the funds required for the repayment of the loan, it is necessary to establish the premium rates for the income replacement benefit and office overhead expense insurance plans at the level reasonably likely to ensure that sufficient surplus funds will be generated by the plans to permit the repayment in full of the loan by April 30, 1995;

NOW THEREFORE IT IS RESOLVED THAT the Council on Insurance and Investment be directed to instruct the insurance carrier to add 4% to the premium rates for the income replacement benefit and office overhead expense insurance plans, effective January 1, 1992, such 4% amount to be applied to the repayment of the loan.

- WHEREAS: A) The Prudential Group Assurance Company of England (Canada) ("Prudential") has required, as a condition of its tender, that the Rate Stabilization Reserve for the CDIP life insurance plan be pre-funded in the amount of \$500,000 and that the Rate Stabilization Reserve for the CDIP disability insurance plans be pre-funded in the amount of \$1,500,000;
- B) The Executive Council considers that it is in the best interests of the CDIP benefit plans and the participants in the plans that this be done and that surplus funds held in trust for the plans be used for this purpose;
- C) There are funds available in the CDIP Life Insurance Plan Trust from which the Rate Stabilization Reserve for the CDIP life insurance plan can be funded;
- D) The guaranteed conversion reserve for the Long Term Disability Plans currently held by Metropolitan Life Insurance Company will not be required by Prudential and the amount of \$1,000,000 will therefore be released into the surplus fund of the disability insurance plans and will be available for the partial funding of the Rate Stabilization Reserve for the CDIP disability insurance plans;
- E) Taking into account that (i) it is in the best interests of all the participants in the CDIP benefit plans that premium rates in all of those plans be maintained at competitive levels, (ii) approximately 80% of the participants in the CDIP life insurance plan are also insured under the CDIP disability insurance plans, and (iii) the most cost-effective way to finance the funding of the remaining \$500,000 required for the Rate Stabilization Reserve of the CDIP disability plans is through a loan arrangement between the CDIP Life Insurance Plan Trust as lender and the CDIP Disability Insurance Plans Trust as borrower and (iv) the CDIP Life Insurance Plan Trust has surplus funds available from which such a loan could be

made, the CDA Executive Council considers it in the best interests of the CDIP benefit plans and the participants in the plans that such a loan arrangement be entered into to pre-fund \$500,000 of the LTD/OOE Rate Stabilization Reserve;

- F) The overall cost to the CDIP plans, taking into account income tax ramifications, will be less if such a loan is made on an interest-free basis; and
- G) Canadian Dental Service Plans Inc. is prepared to negotiate a temporary reduction in its fee for the collection of premiums charged in respect of the CDIP disability insurance plans, such reduction to be based on the increase in its fee revenue resulting from the increase in the premiums for the plans in order to make available funds in the plans from which the loan can be repaid;

NOW THEREFORE IT IS RESOLVED THAT the Council on Insurance and Investment be directed to settle the contract with Prudential based on the provision of the sum of \$500,000. to pre-fund the CDIP Life Plan Rate Stabilization Reserve from the surplus funds currently held in the CDIP Life Insurance Plan Trust.

NOW THEREFORE IT IS RESOLVED THAT the Council on Insurance and Investment be directed to settle the contract with Prudential based on the provision that the current reserve at Metropolitan in the LTD/OOE plans for the guaranteed conversion be applied to the pre-funding of the Rate Stabilization Reserve for the LTD/OOE insurance plans at Prudential.

NOW THEREFORE IT IS RESOLVED THAT the Council on Insurance and Investment be directed to settle the contract with Prudential based on the provision that the CDIP Life Insurance Plan loan, on an interest-free basis, the sum of up to \$500,000. to the CDIP Disability Insurance Plans Trust and that such funds be used to pre-fund the balance of the LTD/OOE Rate Stabilization Reserve requested by Prudential.

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

Year Ended May 31, 1991

Auditors' Report	Page 1
Statement of Financial Position	2
Statement of Income	3
Statement of Changes in Net Assets	4
Investment Portfolios	5 to 10
Notes to the Financial Statements	11

Clarke
Henning
& Co.

Chartered Accountants

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AUDITORS' REPORT

TO THE BOARD OF GOVERNORS OF THE CANADIAN DENTAL ASSOCIATION
TRUSTEES FOR THE PARTICIPANTS IN THE CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN

We have audited the statement of financial position and investment portfolios of the Canadian Dental Association Retirement Savings Plan as at May 31, 1991 and the statements of income and changes in net assets for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position and investment portfolios of the Plan as at May 31, 1991 and the results of its operations and the changes in its net assets for the year then ended in accordance with generally accepted accounting principles.

Clarke Henning & Co.
CHARTERED ACCOUNTANTS

Toronto, Ontario
July 11, 1991

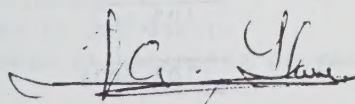
CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

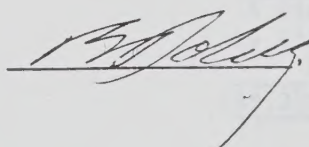
STATEMENT OF FINANCIAL POSITION

As at May 31, 1991

	1991	1990
ASSETS		
BOND & MORTGAGE FUND		
Investments, at market value		
Mortgage fund units	\$ 2,474,799	\$ 2,169,391
Bonds	20,236,438	18,961,808
Cash and short term deposits	4,785,245	1,128,402
Accrued income	653,845	633,351
	<u>28,150,327</u>	<u>22,892,952</u>
COMMON STOCK FUND		
Investments, at market value		
Common stocks	31,288,733	26,326,340
Cash and short term deposits	3,377,332	7,013,241
Accrued income	137,189	173,439
	<u>34,803,254</u>	<u>33,513,020</u>
MONEY MARKET FUND		
Investments, at market value		
Bonds	698,250	698,250
Cash and short term deposits	22,177,442	16,624,785
Accrued interest	-	7,746
	<u>22,875,692</u>	<u>17,330,781</u>
BALANCED FUND		
Investments, at market value		
Diversified fund units	10,014,906	11,014,787
Cash and short term deposits (bank indebtedness)	113,658	(319,190)
	<u>10,128,564</u>	<u>10,695,597</u>
G.I.C. FUND		
Investment certificates of The Imperial Life Assurance Company of Canada including accrued interest	45,335,572	39,436,574
TOTAL ASSETS OF THE PLAN REPRESENTING PARTICIPANTS' INTEREST	<u><u>\$141,293,409</u></u>	<u><u>\$123,868,924</u></u>

Approved on behalf of Canadian Dental Association:

 Governor

 Governor

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

STATEMENT OF INCOME

Year ended May 31, 1991

	1991	1990
BOND & MORTGAGE FUND		
Income		
Interest - bonds	\$1,909,561	\$1,594,571
- cash and short term deposits	236,263	278,860
Gain (loss) on sale of investments	<u>(56,359)</u>	<u>118,830</u>
	2,089,465	1,992,261
Expenses		
Administration fees	229,055	177,800
Other	<u>3,500</u>	<u>3,500</u>
	232,555	181,300
	<u>1,856,910</u>	<u>1,810,961</u>
COMMON STOCK FUND		
Income		
Dividends	1,181,247	937,652
Interest - cash and short term deposits	682,959	523,568
Gain on sale of investments	<u>1,213,346</u>	<u>3,805,320</u>
	3,077,552	5,266,540
Expenses		
Administration fees	288,665	289,044
Other	<u>4,500</u>	<u>5,000</u>
	293,165	294,044
	<u>2,784,387</u>	<u>4,972,496</u>
MONEY MARKET FUND		
Income		
Interest - bonds	80,049	80,952
- cash and short term deposits	<u>1,954,945</u>	<u>1,727,303</u>
	2,034,994	1,808,255
Expenses		
Administration fees	109,620	101,038
Other	<u>1,500</u>	<u>1,500</u>
	111,120	102,538
	<u>1,923,874</u>	<u>1,705,717</u>
BALANCED FUND		
Income		
Interest - cash and short term deposits	-	1,582
Expenses		
Administration fees	94,743	93,853
Other	<u>8,860</u>	<u>1,500</u>
	103,603	95,353
	<u>(103,603)</u>	<u>(93,771)</u>
G.I.C. FUND		
Interest income	<u>\$4,773,769</u>	<u>\$2,818,748</u>

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS

Year ended May 31, 1991

	1991	1990
BOND & MORTGAGE FUND		
Net deposits	\$ 1,615,945	\$ 1,971,317
Net income	1,856,910	1,810,961
Change in market value of investments	<u>1,784,520</u>	<u>(554,502)</u>
Increase in net assets	5,257,375	3,227,776
Net assets at beginning of year, at market value	22,892,952	19,665,176
Net assets at end of year, at market value	<u>28,150,327</u>	<u>22,892,952</u>
Unit value	<u>83.13476</u>	<u>71.44886</u>
COMMON STOCK FUND		
Net redemptions	(522,406)	(1,333,720)
Net income	2,784,387	4,972,496
Change in market value of investments	<u>(971,747)</u>	<u>(4,193,390)</u>
Increase (decrease) in net assets	1,290,234	(554,614)
Net assets at beginning of year, at market value	33,513,020	34,067,634
Net assets at end of year, at market value	<u>34,803,254</u>	<u>33,513,020</u>
Unit value	<u>17.15895</u>	<u>16.16215</u>
MONEY MARKET FUND		
Net deposits	3,348,484	1,109,398
Net income	1,923,874	1,705,717
Change in market value of investments	<u>272,553</u>	<u>53,448</u>
Increase in net assets	5,544,911	2,868,563
Net assets at beginning of year, at market value	17,330,781	14,462,218
Net assets at end of year, at market value	<u>22,875,692</u>	<u>17,330,781</u>
Unit value	<u>56.17419</u>	<u>50.08255</u>
BALANCED FUND		
Net redemptions	(1,282,108)	(1,288,419)
Net loss	(103,603)	(93,371)
Change in market value of investments	<u>818,678</u>	<u>826,342</u>
Decrease in net assets	(567,033)	(555,448)
Net assets at beginning of year, at market value	10,695,597	11,251,045
Net assets at end of year, at market value	<u>10,128,564</u>	<u>10,695,597</u>
Unit value	<u>32.60375</u>	<u>29.54419</u>
G.I.C. FUND		
Net deposits	1,125,229	5,550,010
Net income	<u>4,773,769</u>	<u>2,818,748</u>
Increase in net assets	5,898,998	8,368,758
Net assets at beginning of year	39,436,574	31,067,816
Net assets at end of year	<u>\$45,335,572</u>	<u>\$39,436,574</u>

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 31, 1991

BOND & MORTGAGE FUND

UNITS	NO. OF UNITS	COST	MARKET VALUE
The Imperial Life Assurance Company of Canada Pooled Mortgage Fund Units	26,281	\$ <u>924,255</u>	\$ <u>2,474,799</u>

BONDS	PAR VALUE	COST	MARKET VALUE
Government of Canada			
July 1, 1993 - 8.75%	2,000,000	1,912,000	1,982,500
December 15, 1995 - 10.75%	1,000,000	1,050,000	1,045,000
May 1, 1996 - 9.25%	1,400,000	1,241,600	1,394,750
June 1, 1996 - 8.75%	4,550,000	4,241,187	4,436,250
March 1, 1997 - 8.25%	1,050,000	945,003	994,875
May 15, 1997 - 9.25%	850,000	764,050	844,688
October 1, 1998 - 9.50%	500,000	498,700	500,000
September 1, 2000 - 11.50%	350,000	367,325	385,437
March 15, 2014 - 10.25%	1,325,000	1,357,585	1,369,719
March 15, 2021 - 10.50%	1,000,000	1,013,522	1,053,750
		<u>13,390,972</u>	<u>14,006,969</u>

Provincial Bonds			
Ontario Hydro			
10.00% due June 16, 1993	250,000	251,625	251,875
British Columbia			
11.625% due March 22, 1994	500,000	487,000	521,250
Saskatchewan			
12.25% due June 5, 1995	250,000	252,750	267,500
Ontario Hydro			
10.875% due January 8, 1996	450,000	449,235	464,063
9.00% due April 22, 1996	475,000	429,281	458,969
Alberta			
9.60% due July 7, 1998	300,000	302,625	300,000
Quebec Housing Corp.			
10.50% due October 20, 1998	250,000	249,062	252,225
Saskatchewan			
11.25% due July 12, 2000	550,000	543,400	574,750
Manitoba			
11.00% due August 15, 2000	325,000	323,375	336,472
9.75% due May 15, 2011	350,000	349,563	349,125
		<u>3,637,916</u>	<u>3,776,229</u>

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 31, 1991

BOND & MORTGAGE FUND (continued)

BONDS	PAR VALUE	COST	MARKET VALUE
Corporate Bonds			
National Trust			
10.25% due May 29, 1992	\$ 175,000	\$ 172,200	\$ 175,052
Bombardier Inc.			
11.10% due May 15, 2001	300,000	303,750	300,000
Bank of Montreal B/A			
10.60% due December 20, 1998	250,000	248,000	253,450
Canadian National Railway			
12.25% due May 1, 2005	580,000	577,100	625,675
Bell Canada			
10.00% due June 15, 2000	500,000	434,200	493,125
Royal Bank of Canada			
11.00% due January 11, 2002	250,000	259,075	255,938
10.50% due March 1, 2002	350,000	350,000	350,000
		<u>2,344,325</u>	<u>2,453,240</u>
TOTAL BONDS		<u><u>19,373,213</u></u>	<u><u>20,236,438</u></u>

COMMON STOCK FUND

CANADIAN EQUITIES	NO. OF SHARES		
Communications and Media			
CHUM Ltd. Class B	20,000	367,600	470,000
Electrohome Ltd. Class Y	33,700	212,647	210,625
Shaw Cablesystems Ltd. Class B	50,000	283,334	600,000
Thomson Corporation	50,000	586,205	818,750
		<u>1,449,786</u>	<u>2,099,375</u>
Consumer Products			
Canada Packers Inc.	40,000	486,150	625,000
Corby Distilleries Ltd. Class A	15,000	301,050	631,875
Lawson Mardon Group Class A	50,000	424,875	450,000
Molson Companies Ltd. Class A	10,000	370,537	423,750
Molson Companies Ltd. Class B	7,500	241,013	317,344
Rothmans Inc.	10,000	481,553	595,000
		<u>2,305,178</u>	<u>3,042,969</u>

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 31, 1991

COMMON STOCK FUND (continued)

CANADIAN EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Financial Services			
Bank of Montreal	50,000	\$ 1,580,049	\$ 1,818,750
Bank of Nova Scotia	75,000	1,229,130	1,350,000
Canadian Imperial Bank of Commerce	50,000	1,138,854	1,625,000
		<u>3,948,033</u>	<u>4,793,750</u>
Gold and Silver			
American Barrick Resources	37,500	870,325	895,313
Corona Corporation	20,000	334,180	345,000
		<u>1,204,505</u>	<u>1,240,313</u>
Industrial Products			
Mitel Corporation	100,000	266,245	98,000
Spar Aerospace Products	20,000	262,079	252,500
Stelco Inc. Class A	30,000	226,800	217,500
Varity Corporation	30,000	633,672	633,750
		<u>1,388,796</u>	<u>1,201,750</u>
Management Companies			
Canadian Pacific Ltd.	40,000	701,815	815,000
Horsham Corp.	30,000	331,800	348,750
Onex Corp.	76,400	692,269	754,450
		<u>1,725,884</u>	<u>1,918,200</u>
Merchandising			
Hudsons Bay Co.	27,100	708,251	880,750
Provigo Inc.	50,000	508,227	562,500
Reitmans Canada Ltd. Class A	25,000	370,250	456,250
		<u>1,586,728</u>	<u>1,899,500</u>
Metals and Minerals			
Alcan Aluminium Limited	25,000	631,331	603,125
Metall Mining Corp. warrants			
- Mar 7, 1994	12,500	22,500	26,250
Metall Mining Corp.	40,000	489,227	500,000
Noranda Inc.	19,000	368,890	377,625
Rio Algom Ltd.	50,000	1,015,500	818,750
		<u>2,527,448</u>	<u>2,325,750</u>

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 31, 1991

COMMON STOCK FUND (continued)

CANADIAN EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Oil and Gas			
Gulf Canada Resources	62,500	\$ 611,631	\$ 554,688
Morgan Hydrocarbon	10,000	58,933	56,250
Morgan Hydrocarbon - special warrants	100,000	562,500	562,500
Norcen Energy Resources	25,000	345,585	562,500
Power Corp. Canada Ltd.	50,000	830,481	856,250
Renaissance Energy	35,000	520,850	555,625
		<u>2,929,980</u>	<u>3,147,813</u>
Paper and Forest Products			
Cascades Inc.	21,200	107,149	99,640
Pipelines			
Transcanada Pipelines Ltd.	30,000	523,050	536,250
Transcanada Pipelines Ltd. warrants	11,200	9,800	20,048
Transcanada Pipelines Ltd. Instal receipts	40,000	346,200	390,000
West Coast Energy Inc.	30,000	623,010	592,500
		<u>1,502,060</u>	<u>1,538,798</u>
Real Estate and Construction			
Markborough Properties Inc.	50,000	416,239	456,250
Transportation			
Laidlaw Inc. Class B	32,500	614,137	402,186
Utilities			
BC Gas Inc.	35,000	521,587	533,750
BCE Inc. preferred	12,000	454,808	466,500
BCE Inc. warrants	12,000	46,192	48,600
BCE Inc.	30,000	1,047,642	1,271,250
Transalta Utilities Corporation	100,000	1,221,296	1,250,000
		<u>3,291,525</u>	<u>3,570,100</u>
TOTAL CANADIAN EQUITIES (88.65%)		<u><u>24,997,448</u></u>	<u><u>27,736,394</u></u>

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 31, 1991

COMMON STOCK FUND (continued)

UNITED STATES EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Basic Industries			
Corning Inc.	1,200	\$ 83,836	\$ 85,546
Ethyl Corporation	4,000	104,568	137,424
Loctite Corporation	1,600	64,532	62,070
		252,936	285,040
Capital Goods			
Chemical Waste Management	1,500	42,875	36,074
Cooper Industries	4,500	227,559	298,897
General Electric Co.	2,000	156,587	176,934
Waste Management Inc., zero coupon due April 13, 2012	400,000	122,650	167,199
		549,671	679,104
Capital Goods - Technology			
Automatic Data Processing	2,800	92,973	109,023
Computer Sciences Corporation	800	58,987	60,238
E - Systems Inc.	1,800	80,792	88,123
Intel Corporation	1,700	101,880	108,536
Microsoft Corporation	400	47,886	50,274
Sun Microsystem Inc.	2,100	40,648	88,682
		423,166	504,876
Consumer Growth			
Grannett Inc.	2,000	95,991	101,636
Gillette Co.	2,000	80,361	83,313
Johnson & Johnson	2,200	60,529	228,324
Pepsico Inc.	3,900	86,330	140,130
Smithkline Beecham Plc	4,000	203,924	267,977
		527,135	821,380
Credit Cyclical			
Federal National Mortgage Association	3,000	59,155	176,075
Defensive Consumer Staples			
Philip Morris Inc.	2,400	141,551	187,927

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 31, 1991

COMMON STOCK FUND (continued)

UNITED STATES EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Financial			
Chubb Corporation	1,500	\$ 118,992	\$ 121,964
Energy			
British Petroleum Co. Plc	2,000	153,179	156,034
Halliburton Co.	2,500	153,001	128,477
Kerr McGee Corporation	1,300	69,181	63,644
Royal Dutch Petroleum	1,500	132,962	140,860
		<u>508,323</u>	<u>489,015</u>
Utilities			
American Telephone & Telegraph Co.	3,000	152,768	127,546
Arkla Inc.	4,000	115,114	84,745
Pacific Telesis Group	1,600	91,936	74,667
		<u>359,818</u>	<u>286,958</u>
TOTAL UNITED STATES EQUITIES (11.35%)		<u>2,940,747</u>	<u>3,552,339</u>
TOTAL COMMON STOCKS (100.00%)		<u>27,938,195</u>	<u>31,288,733</u>

MONEY MARKET FUND

PAR VALUE

Bank of Nova Scotia floating certificate of deposit - March 31, 1992	\$ 700,000	<u>700,000</u>	<u>698,250</u>
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BALANCED FUND

NO. OF UNITS

The Imperial Life Assurance Company of Canada Pooled Diversified Fund Units	158,622	<u>\$ 4,965,172</u>	<u>\$10,014,906</u>
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CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

Year ended May 31, 1991

1. Summary of significant accounting policies

The financial statements have been prepared in accordance with accounting principles generally acceptable for pooled trust funds. A description of accounting policies of particular significance is as follows:

Investments

Investments are stated at market value and are recorded as of the trade date. Market value is determined on the following basis:

- i) Stocks listed on a recognized stock exchange are valued at their closing sale prices on valuation date.
- ii) Bonds are valued at the average of bid and ask prices as of the valuation date.
- iii) Units of The Imperial Life Assurance Company of Canada are valued on the last business day of each week by dividing the total number of units of the Fund then outstanding into the net assets of the Fund, being the fair market value in Canadian funds of assets less liabilities as at the same date.

Valuation of units

Units are valued for the purposes of issue or redemption as at the close of business on the last business day of each week by dividing the total number of units of the Fund then outstanding into the net assets of the Fund, being the fair market value in Canadian funds of assets less liabilities as at the same date.

Income

Dividends are recognized as income on the ex-dividend date. Interest income is accrued at the stated rate of the debt security.

Contributions, transfers, terminations

All contributions, transfers and terminations made by the participants of the plan have been accounted for on an accrual basis.

Foreign currency translation

The purchase and sale of foreign investments and related foreign revenue and expenses are recorded in Canadian dollars using the exchange rates prevailing on the respective dates of such transactions. The market value of investments is stated at the prevailing rate of exchange on valuation day.

SCHEDULE FOR DR. LES ALLEN, PRESIDENT
CALENDRIER D'ACTIVITES POUR DOCTEUR LES ALLEN, PRESIDENT

1991 - 1992

1991

August 24	Executive Council	Quebec City
August 24-28	CDA Annual Convention	Quebec City
August 25-26	Symposium Dental Certification & Licensure	Quebec City
August 27	Executive Council	Quebec City
September 4	University of Toronto Welcome (represented by Dr. Crawford)	Toronto
September 4	University of B.C. Welcome (represented by Dr. Diggins)	Vancouver
September 11	University of Manitoba Welcome	Winnipeg
September 12	*Alpha Omega - Toronto Chapter	Toronto
September 13-15	*Northern Ontario Dental Association (represented by Dr. Dolansky)	North Bay
September 13	BC College Council	Vancouver
September 15	American Association of Orthodontists	Winnipeg
September 16	Welcome to the Profession University of Western Ontario (represented by Dr. Dubé)	London
September 16	*Ottawa Dental Society Fall Meeting	Ottawa
September 28	University of Montreal (4th Year) (represented by Dr. Dubé)	Montreal
October 2	Université de Montréal Welcome (represented by Dr. Dubé)	Montreal

October 5-10	American Dental Association Convention	Seattle
October 7	*Lambton Dental Society (represented by Dr. Dolansky)	Sarnia
October 7,8	MSB Workshop for Dental Therapists (represented by Dr. MacSween)	Toronto
October 7-13	FDI World Congress	Milan
October 15	*All Toronto Societies (represented by Dr. Dolansky)	Toronto
October 18	*ODA Component Society Presidents' Workshop	Toronto
October 22 - 24	Federal Provincial Dental Health Council (represented by Dr. Wenn)	Saint John
October 30	CDA/CDSPI Management Committees	Ottawa
October 31	Management Committee	Montebello
November 1-3	Executive Council Planning Session	Montebello
November 4	McGill University Welcome	Montreal
November 6	Student Night - University of Toronto (represented by Dr. Crawford)	Toronto
November 8	NDEB President's Committee	Ottawa
November 10	NDEB Executive Committee	Ottawa
November 14	Student Night - University of Western Ontario (represented by Dr. Crawford)	London
November 14	Management Committee Conference Call	
November 15, 16	ODQ Planning Session (Dr. Dubé)	Montreal
November 21	Management Committee Conference Call	

November 22	Université Laval Welcome (represented by Dr. Dubé)	Quebec
November 29, 30	*ODA Fall Board Meeting	Toronto
December 13	President, Canadian Bar Association	Ottawa
December 13	Headquarters Meeting	Ottawa

1992

January 10	*Thunder Bay Dental Society	Thunder Bay
January 16	University of Saskatchewan Grad Dinner	Saskatoon
January 23	*Halton-Peel Dental Association (Dr. Dolansky)	Oakville
January 24, 25	Manitoba Dental Association	Winnipeg
January 30	Management Committee	Ottawa
January 31-Feb 1	Executive Council	Ottawa
February 6	Dalhousie Grad Dinner	Halifax
February 12	Conference Call re: CDAnet	
February 13	*Southeastern Ontario Dental Societies	Brockville
February 14	CDA/ODA Management	Ottawa
February 17	University of B.C. Grad Dinner	Vancouver
February 18	University of Alberta Grad Dinner	Edmonton
February 21	University of Manitoba Grad Dinner	Winnipeg
March 17	McGill University Grad Dinner	Montreal
March 26-28	BC Dental Meeting	Vancouver

April 2	Management Committee	Ottawa
April 3, 4	Interim Meeting Board of Governors	Ottawa
April 7	University of Toronto Grad Dinner	Toronto
April 8	University of Western Ontario Grad Dinner	London
May 3 - 7	Les journées dentaires du Québec	Montreal
May 4	Alpha Omega Mount Royal Dental Society	Montreal
May 8, 9	ODA Board Meeting	Toronto
May 14-16	Ontario Dental Association Spring Meeting	Toronto
May 22, 23	*Kenora-Rainey River Dental Society	Fort Francis
May 29	University of Toronto Grad Dinner (representative)	Toronto
May 29, 30	Dental Association of P.E.I.	Mill River
May 30	New Brunswick Dental Society (representative)	St. Andrews
June 4	Management Committee	Ottawa
June 5	Western University Grad Dinner (representative)	London
June 5, 6	Executive Council	Ottawa
June 4-7	Annual Convention College of Dent. Surg. of Saskatchewan (representative)	Regina
June 12, 13	Nova Scotia Dental Association	Yarmouth
June 18,19	University of Saskatchewan Dental School 25th Anniversary (representative)	Saskatoon
June 18-20	Newfoundland Dental Association	St. Anthony

June 20-22	ACFD Annual General Meeting	Edmonton
August	Alberta Dental Association Meeting	Calgary
August 27	Management Committee	Calgary
August 28, 29	Annual Meeting Board of Governors	Calgary
August 29	Executive Council	Calgary
August 29 - Sept 2	CDA Annual Convention	Calgary

Bold: Tentative date
Gras: à confirmer
***:** CDA/ODA Speakers’ Tour

02/12/92

**EXECUTIVE COUNCIL
(ADDENDUM)**

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. Les Allen, Winnipeg - Chairman Dr. Bernard Dolansky, Ottawa Dr. Raymond Wenn, Charlottetown Dr. Jim Brookfield, Kirkland Lake Dr. Barry Dolman, Montréal Dr. Toby Gushue, St. John's Dr. Bryun Sigfstead, Edmonton Dr. Ron Smith, Duncan Dr. Bernie White, Saskatoon
Senior Staff:	Mr. Jardine Neilson, Executive Director Mrs. Sandra Deziel, Manager - Executive Services
Coordinator:	Mrs. Suzanne Burton

ITEMS REQUIRING BOARD ACTION

1. Amendment to CDA By-Laws - Article XVIII - List of Active Members

At the 1991 Annual Meeting, Governors approved a recommendation from the Council on Constitution and By-Laws amending Article XVIII - List of Active Members. This amendment clarified the requirement for a Corporate Member to provide a list of all of its members who are licensed dentists and are recommended for admission to or continuance of CDA Active membership.

At a meeting of the QDSA, at which time the recent By-Law amendment was reviewed, a concern was identified with paragraph 3 of Article XVIII.

While noting that paragraph 3 of Article XVIII was not revised through the 1991 amendment, it is apparent that portions of this paragraph are not applicable to all Corporate Members, specifically those of the voluntary provinces. This concern has been reviewed by the Executive Council and the Chairman of the Council on Constitution and By-Laws and there is agreement that paragraph 3 of Article XVIII requires revision.

**EXECUTIVE COUNCIL
(ADDENDUM)**

- 2 -

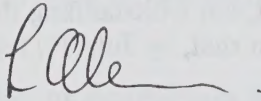
RESOLVED:

**92.8 THAT the appended revision to Article XVIII - List of
Active Members be approved.**

**THAT the Council on Constitution and By-Laws
be requested to make the necessary amendment
to CDA By-Laws.**

APPENDIX I

Respectfully submitted,



**Les Allen, B.Comm., D.M.D.
Chairman, Executive Council**

FILING OF REPORT

**The Board of Governors accepts with appreciation the (addendum) report of
Executive Council.**

CURRENT

ARTICLE XVIII

LIST OF ACTIVE MEMBERS

A list setting forth in alphabetical order the names and addresses of all members in the corporation who are licensed dentists and are recommended by each Corporate member for admission to and/or continuance of Active membership shall be submitted annually, on or before July 31st in each year, by each corporate member.

Subject to provisions contained elsewhere in these by-laws, the number of paid-up active members contained on this list, together with licensed life members, shall guarantee the count for Board seats for each Corporate Member for the Annual and next following Interim Meeting of the Board, notwithstanding that the previous year's figures may be utilized for this purpose, given that, by July 31, fees for the current year are paid based on these figures.

Forthwith upon the admission of any individual member to membership in the Association, a membership card shall be forwarded to each member. Every person included in the list of recommended licensed dentists submitted by a Corporate member shall be deemed to be an applicant for membership in the Association unless, within thirty days of receipt of such application of his membership card in the Association, he shall notify the Executive Director that he does not desire to be or to continue to be a member.

08/91

PROPOSED

ARTICLE XVIII

LIST OF ACTIVE MEMBERS

A list setting forth in alphabetical order the names and addresses of all members in the corporation who are licensed dentists and are recommended by each Corporate member for admission to and/or continuance of Active membership shall be submitted annually, on or before July 31st in each year, by each corporate member.

Subject to provisions contained elsewhere in these by-laws, the number of paid-up active members contained on this list, together with licensed life members, shall guarantee the count for Board seats for each Corporate Member for the Annual and next following Interim Meeting of the Board, notwithstanding that the previous year's figures may be utilized for this purpose, given that, by July 31, fees for the current year are paid based on these figures.

Upon the admission of any individual member to membership in the Association, a membership card shall be forwarded to each member. Every person included in the list of recommended licensed dentists submitted by a Corporate member shall be deemed to be eligible for active membership in the Association.

CDAnet COMMITTEE

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Don MacFarlane, Chairman, British Columbia
Dr. Mac Balfour, Ontario
Dr. Bill Glave, Ontario
Dr. Don Gutkin, Manitoba/Saskatchewan
Dr. Luc Dugal, Alberta
Dr. Roger Bailey, British Columbia

Executive Liaison: Dr. Toby Gushue, Newfoundland

Staff: Ms. Patricia Duminy
Ms. Susan Matheson

1. Committee Meeting

The CDAnet Committee meetings held since the Annual Report to the 1991 CDA Annual Board were on September 20, 1991, and November 29, 1991. In addition a Conference Call was held on December 10, 1991.

Dr. Gushue and Dr. Gutkin met with the Technical Committee representatives of the networks and insurance carriers on November 28, 1991.

Drs. MacFarlane, Gushue, Gutkin and Glave met with DIAC, (Dental Industry Association of Canada) on January 13, 1992.

ITEMS REQUIRING BOARD ACTION

2. CDAnet Value Addeds

The CDAnet Committee continues in their negotiations with the various vendors. At the time of the printing of the Board Book, the Committee had not made a final decision regarding the successful Value Added vendor. The Committee anticipates that the final selection of a Value Added vendor will occur in the next few months.

RESOLVED:

92.9 **THAT the CDAnet Committee be directed to proceed with the negotiation process to select a Value Added vendor, with final arrangements to be approved by Executive Council.**

ADOPTED

NOTE: **The two governors representing the corporate member in Quebec abstained.**

RESOLVED:

92.10 **THAT** the division of the Value Added revenue stream be negotiated between the provincial sponsors and the CDA.

THAT the initial funding of costs related to the development of Value Addeds, excluding overhead, will come from CDA. Up to \$65,000. is authorized for this purpose. Any funds expended by CDA for this initial funding of value addeds will be completely recovered, with interest, by the CDA as a first draw on value-added revenues.

ADOPTED

NOTE: The two governors representing the corporate member in Quebec abstained.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**3. CDAnet Statistics**

Dr. MacFarlane presented the following statistics which represent the number of offices and dentists on CDAnet, per province as of April 2, 1992.

<u>Province</u>	<u>No. of Offices</u>	<u>No. of Dentists</u>
Alberta	22	37
BC	59	102
Manitoba	34	65
New Brunswick	3	6
Nova Scotia	8	23
Newfoundland	5	14
N.W.T.	0	0
Ontario	229	401
P.E.I.	1	1
Quebec	11	27
Saskatchewan	9	14
Yukon	0	0
Total	381	690
Number of Non-CDA members:		131

4. CDAnet Certified Software Vendors

As of January 9, 1992, the following software companies have completed Certification with both networks:

Abel Computer Systems Ltd.	Alpha Bytes Computer Corp.
APG Computing Inc.	Autopia Computer Products
CDSPI	CLG Computer Consulting Inc.
Dialog Medical Systems Inc.	DMS
Domtrak Systems Inc.	Exan
Execudent	Genie (Ho & Assocs.)
Harr-Comm Technology	Logic Tech
Maxim	Norburn
Pharmaid	Zadall Systems Group Inc.

5. Insurer Participation and Status

The following insurance companies are processing claims on a REAL TIME basis:

Sun Life	Canada Life
Canada Life	Mutual Life
Great West Life	AEtna
Confederation Life	National Life of Canada

The following companies are processing claims on a BATCH basis:

Metropolitan Life	Manufacturers Life
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6. Marketing

The CDAnet Booth is available and is scheduled as an exhibitor at the various provincial dental meetings in 1992. New marketing materials are being developed and it is anticipated that they will be launched in late March 1992.

The Committee will also be drafting some sample ads which will be distributed to each province to be used as inserts for local and/or provincial newsletters.

Articles on CDAnet have been featured in the last two CDA Communiqués.

7. Chairman's Remarks

The continued growth of offices signing up for CDAnet is extremely encouraging and reflects the positive results of our CDAnet Marketing activities across the country. I wish to thank the Committee members for their continued efforts in the promotion and marketing of CDAnet. I also wish to thank Pat Duminy and Susan Matheson for their efforts in support of the CDAnet Committee.

Respectfully submitted,

Don MacFarlane, D.M.D.
Chairman, CDAnet Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the CDAnet Committee.

COMMUNICATIONS STEERING COMMITTEE

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Ray Wenn, Charlottetown - Chairman
Dr. Barry Dolman, Montreal
Dr. Bryun Sigfstead, Edmonton
Dr. Ron Smith, Duncan

Coordinator: Miss Linda Teteruck

1. Committee Meetings

The Committee has met twice since the last Board meeting - on November 4, 1991 and February 2, 1992.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Membership Marketing Activities

As reported to the Board last August, the number one priority of the Association, and in turn, the Steering Committee, is to enhance the image of the Association to its members, to improve communication of its services and benefits, and to ultimately increase membership in the voluntary provinces. In order to accomplish these objectives, a number of activities were undertaken in the Fall of 1991 and early 1992. These include:

- (1) **Development of eight professional advertisements featuring dentists from across the country talking about the value of CDA.** Topics covered include Dental Awareness, the GST, Insurance, Professionalism, Issue Management and Educational Standards. These ads have run continually in the CDA Journal from October '91 to the present time and are the centrepiece of CDA's new recruitment brochure.
- (2) **Publication of a new 16-page recruitment brochure describing the main activities of the Association and its member benefits.** This brochure was distributed to dentists in Ontario and Quebec during the first mailing of the membership campaign, and was sent to dentists in the mandatory provinces with the October Communiqué.
- (3) **Publication of the 1990-91 CDA Annual Review.** This publication was produced for the first time in-house at a cost saving of over \$25,000.00. It summarized the Association's main accomplishments during the presidential

APPENDIX I

term of Dr. Gilles Dubé. It was distributed with the second invoice to Ontario and Quebec dentists, and was sent under separate cover to those in the mandatory provinces in late November.

- (4) **Speakers' Tours.** The CDA President, members of the Management Committee and other select individuals have aggressively toured Ontario and Quebec, speaking at component society meetings about the value of CDA membership. Although the tour is concentrated in Ontario and Quebec, the President's speaking engagements in the mandatory provinces have been maintained.
- (5) **Graduation dinners at each of the ten Canadian dental schools.** Further to the pilot dinners in Ontario and Quebec last spring, grad dinners are planned at all ten dental faculties this winter and spring. The dinners are co-hosted by CDSPI. The format includes a CDA presentation on the dental consumer of the 90's and the "world outside of dental school", presentations by the CDA and CDSPI on how organized dentistry can help meet the needs of new grads, and distribution of the CDA member services binder.
- (6) **Publication of a member services brochure and membership certificate for 1992 CDA members.** All dentists who renewed their membership in 1992 received a membership certificate for framing. A customized plaque is also available to CDA members on special request.

In addition, members received a membership services booklet outlining the many benefits of belonging to CDA.

3. Membership Results to Date

APPENDIX II

Membership figures to February 27, 1992 show that 2558 dentists in Ontario and 1063 dentists in Quebec have joined the CDA. This represents 45% of the dentists in Ontario and 33% of the dentists in Quebec.

The Membership Committee is scheduled to meet in late March to discuss final campaign results and what can be done to increase these percentages. The Committee also will discuss new membership benefits and a telemarketing campaign.

The Committee's discussions also will focus on membership trends in other associations, the impact of the current recession, CDA's difficulties in Quebec and some members' feelings that their needs can be met through their provincial association alone.

4. Member Benefits

The Association continues to explore benefits that will be attractive to members. CDA's Club Med program was renewed in 1992, as was the car leasing program, affinity card and sterilizer monitor program.

The Membership Committee is currently investigating a banking package, a student loan program, an infection control log book, and an infection control equipment package. The Committee also continues to liaise with the CDAnet Committee on the development of value added's that will encourage CDA membership.

5. Publications

In light of current economic constraints, the redesign of both the Journal and Communiqué has been placed on hold.

The Journal continues to publish clinical and scientific articles of most interest to the profession. A readership survey conducted in 1991 reveals that the CDA Journal is equal in readership to Oral Health and Dental Practice Management.

In order to increase efficiency, the Journal has been brought "in-house" on desktop publishing. The printing of the Journal also has been re-tendered. This consolidation has resulted in major savings for the Association. In addition, classified advertising is now undertaken by Keith Health Care Publications, and has shown a substantial increase and profit for the CDA in the past few months.

Journal advertising continues to be solicited and managed by Keith Health Care. The current recession has resulted in a 10% decline in advertising pages over the past year. This figure is substantially less than that experienced by other dental publications which have averaged a loss of 18% to 20%.

The Journal is estimating no increased advertising pages in 1992, and has submitted a "hold-the-line" budget.

The Communiqué was published five times in 1991, with the CDA Annual Review as a special edition. It is anticipated that a similar number of issues will appear in 1992 featuring up-to date dental and Association news, as well as CDA product advertising.

6. **Dental Information System**

Late last year, CDA launched its new dental information system, a series of eight new public education booklets aimed at informing dental patients about their dental health. The publications are sponsored by Colgate-Palmolive for sale and distribution through dental offices and health units across the country. The eight booklets cover the following topics:

- * The Checkup
- * Common Adult Dental Problems
- * Dental Care for Seniors
- * Gum Disease
- * Cosmetic Dentistry and Orthodontics
- * Restoring Your Teeth
- * The Dental Office: Health and Safety
- * Personal Dental Care

Since the program was launched in late 1991, over 120,000 booklets have been sold. Each booklet is intended to cover a number of subject areas, and to inform dental patients about the variety of dental services available to them.

Colgate has contributed \$125,000.00 in 1992 toward the marketing of the program. This will include Journal, Communiqué and paid advertising in national magazines, as well as a new promotional brochure and sampling program.

Discussions are currently underway with Colgate for funding in 1993 for marketing and promotion, and to add four more booklets to the collection.

7. **The Dental Pentathlon**

CDA's major public education promotion in 1991 and 1992 is the dental pentathlon. It features CDA's mascot, Bob, preparing for the winter and summer olympic games by following CDA's five-point prevention plan. Members of the dental profession were offered the opportunity to order promotional materials and to participate in a contest to attend the winter olympics. Dr. Ernie Slubik of Red Deer, Alberta, and Ms. Doris Wood from Willowdale, Ontario, were the winners of the trip to Albertville.

Consumer materials now appear in participating drug stores and in dental offices throughout the country. A consumer contest is also planned with trips to the summer olympics.

8. **Merchandise**

1991 saw a decline in the sale of merchandise. This was due to eliminating various "slow movers " from the inventory, and to discounting CDA's old pamphlets.

CDA's old pamphlet program has been discontinued and replaced by the new dental information system.

A number of new products are being introduced in 1992, including a children's colouring/activity book, a CDA mug, and a CDA sweater.

Materials for dental health month 1992 remain the same as in other years. Special promotions are planned to emphasize materials which have not received a great deal of publicity such as CDA's fact sheets, wallet cards and senior's kit.

A new catalogue of materials will not be developed in 1992. The program will be dependent on individual product ads and on the marketing dollars from Colgate for the new pamphlet line.

9. **CDAnet Marketing**

In March 1992, the second wave of promotional materials for CDAnet was launched with emphasis on CDAnet being "available now". The CDAnet kit has been completely updated and revised, featuring new dentists and staff who are currently on-line. In addition, a new series of full-page Journal ads have been developed, as well as a series of half, quarter and eighth page black and white ads that will be shared with corporate members for publication in their newsletters, etc.

The Journal continues to carry a full-page CDAnet ad in each issue and the Communiqué features an information piece in each publication.

10. **Infection Control**

In light of the high priority of this topic, the Steering Committee has concentrated on developing materials and information for members and the public alike. One of CDA's new dental education booklets deals with health and security in the dental office. In addition, discussions continue with the Community and Institutional Dentistry Committee to develop an infection control log book. CDA's sterilizer monitor program continues to service CDA members and discussions are underway with suppliers to offer an infection control equipment package with substantial discounts for members.

11. CDA Seminars

At the 1991 Quebec convention, CDA presented a half-day presentation on the dental consumer of the 1990's. This seminar has been incorporated into the grad dinners as a means of sharing with new grads information CDA has acquired on the "world outside of dental school". It has acted as a springboard for CDA's presentation on how the Association offers assistance to new grads in that "new world".

In addition, CDA, with the support of CFDE, presented a pilot seminar to University of Toronto students on how to communicate with patients. Sixty students attended and were very enthusiastic about the presentation. It was suggested that CDA work to incorporate this lecture into the school's Community Dentistry guest lecture series.

The Steering Committee continues to investigate development of a series of practice management seminars for senior students and new grads. This project is seen as a high priority activity and as a means of recruiting new grads into the Association.

12. Canada Health Monitor

CDA continues to poll the public on their dental health attitudes twice a year through the Canada Health Monitor. The Canada Health Monitor is a private polling agency that surveys Canadians twice a year to collect data on key health issues. The CDA participates in this survey in support of its ongoing needs for information on Canadian attitudes to their dental health. The results of this survey are published in the Communiqué and are available to corporate members in full. The December 1991 results indicate that self-reported dental visits once per year have remained constant at 71%. Since 1985 when CDA's polling began, self-reported dental visits have increased 12%. While a number of factors have contributed to this increase, CDA's dental awareness program and those of the provinces have added to the results.

13. Corporate Sponsorship

The Association continues to actively solicit corporate sponsorship in support of its programming dollars, particularly in light of decreased budgets and funding for public awareness. 1991 was a successful year with the support of Bausch and Lomb for the Dental Pentathlon promotion and mall displays during Dental Health Month.

Proctor and Gamble contributed to DAP activities during the Calgary Stampede, and Colgate Palmolive provided the funding for development of the dental information system and for continued marketing and promotion in 1992.

3M Canada funded a patient information audio tape featuring Bob and the Five-Point Prevention Plan which will be available for sale to members and through special 3M promotions.

Plans are being developed to hold meeting with a consortium of personal product companies to investigate a national dental health promotion in 1993.

Since 1984, CDA has received \$6 million in corporate sponsorship in support of DAP programming.

14. **CDA/Environics Joint Venture**

The joint venture between Environics and CDA on polling the profession has been placed on hold. It will be re-introduced as the appropriate resources are available.

15. **Meeting with Provincial Communications Co-ordinators**

Last November the CDA once again hosted a meeting with provincial communications co-ordinators. This is the third meeting that CDA has held to share information and discuss joint programming opportunities with the provinces. It is a meeting that is well received and valuable for both CDA and the provinces, and will most likely continue in the future.

16. **Issue Management**

1991 presented dentistry with many challenges - the GST, infection control, mercury toxicity, fluoridation, the cost of dental services and professional ethics, to mention a few.

Each issue was handled with speed, strength and professionalism by all levels of the Association, from the policy makers to the communicators.

The Steering Committee takes pride in the Association's ability to be a leader in the area of issues management and is confident that this will continue in the years ahead.

17. **Conclusion**

1991 has been a challenging and productive year for the Communications Steering Committee as we focused on two main priorities - promoting the Association and its benefits to the dentists of Canada, and reducing expenditures without sacrificing the quality of the Association's many programs and services.

A great deal of time, energy and resources have gone into a more intensive and focused membership marketing program. The materials and messages that have been developed to enhance CDA's image and awareness by its members are essential to the future of the Association.

Admittedly, it is extremely difficult to assess the success of this campaign in today's recession marketplace.

It is important, however, that the Association continue to vigorously deliver its message to current and future members alike through the various vehicles at its disposal, and continue to explore new member benefits that will convince members to retain their membership in CDA.

The Steering Committee also has been challenged with producing quality programs and services at reduced cost. The publications arm of CDA has worked aggressively to increase efficiency and with success. Staff are confident that savings can be achieved without sacrificing the quality or frequency of the publications.

In addition, the Association's focus on dental awareness and dental health month has shifted with emphasis on obtaining sponsorship dollars to support continuing and new program initiatives.

And the membership promotion budget has become more conservative in 1992 and 1993. This has resulted in the need to rethink our entire strategy to membership recruitment, and to concentrate on those areas that will yield the biggest return.

In closing, I would like to thank all members of the Committee, the Membership Subcommittee, Miss Linda Teteruck and staff for their leadership, guidance and efforts over the past year. Our activities and achievements are a direct result of the teamwork, commitment and common focus of the Committee to enhance and elevate the Canadian Dental Association in the eyes of dentists and the public they serve.

Respectfully submitted,

Ray Wenn, D.D.S.
Chairman, Communications Steering Committee

FILING OF REPORT

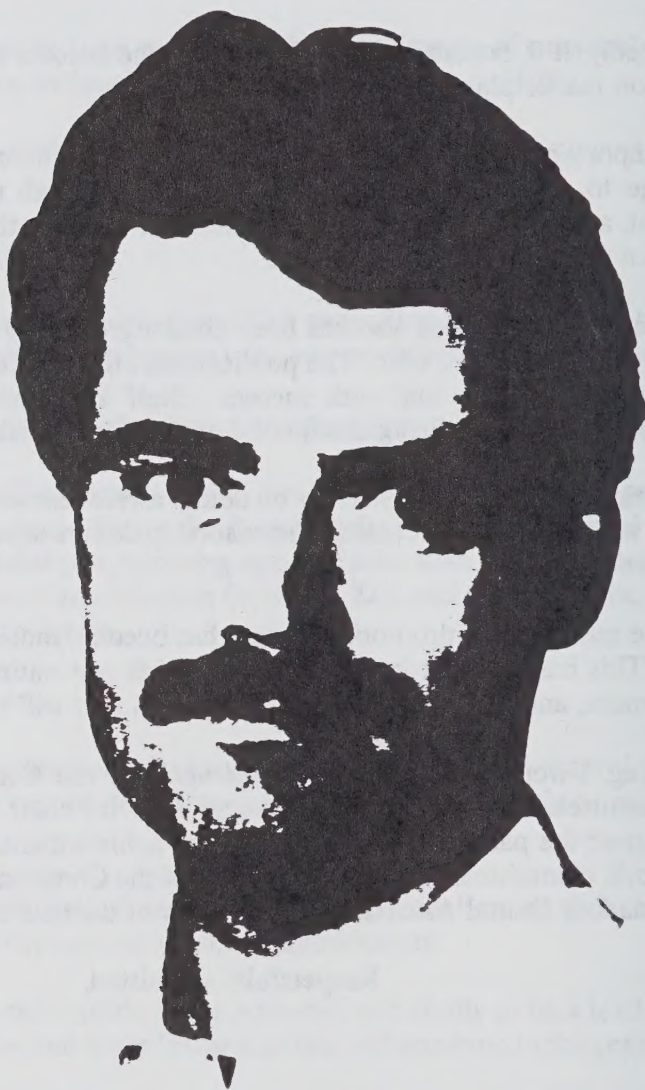
The Board of Governors receives with appreciation the report of the Communications Steering Committee.

CDA at Work

"CDA is the voice of my profession. I just can't imagine not being a member."

Dr. Kardy Solmundson

Winnipeg, Manitoba



The Benefits of Membership

The Canadian Dental Association serves the dental profession — and through the profession the Canadian public — as the authoritative national voice and resource for dentists.

“The national voice of dentistry” — it defines what we are. Speaking to dentistry, speaking on behalf of dentistry. Informing, educating, motivating, advising, persuading, representing, advocating.

Leadership and service are how we define what we do. Influence with government and the third party industry, dental health promotion, communication vehicles, media relations, financial and insurance packages, educational standards, dental meetings. These, among many others, are services we deliver to our member dentists. They work for you as an individual practitioner and they work for the profession as a whole. They make a big difference.

In the following pages you will discover the full range of benefits that comes from being a member of CDA. Read what your colleagues coast-to-coast have to say about the value of membership. Find out for yourself how much you derive at so little cost.

At CDA, we believe in giving far more than we ask for in return. We need only one thing in order to continue providing the leadership and service you expect.

Your membership.

Influence

When the issues that affect dentists and patients are on the table, CDA is at the table. Our job is to advocate on behalf of the profession and the public in pursuit of a single goal: to provide the best possible oral care at the lowest possible cost.

Government tax policy, dental insurance plans — these are the kinds of issues that have a direct impact on the practices of our individual members. We know how members value the influence we've developed. It's an asset we're careful to maintain and expand.

Influencing the Government

Government policy can potentially affect every aspect of your practice. Over time, CDA has developed an understanding of how government works, and how to make it work for our members.

- *Less Tax* CDA succeeded in obtaining GST exemption for virtually all dental services and many dental supplies. The result is an estimated 2.5% increase in the cost of dental services compared to 7% in other service industries. We have produced a GST manual to explain the tax and its impact. It is offered to members at a discount price.
- *Secure Futures* We succeeded in raising the ceiling for annual RRSP contributions for dentists from \$7,500 to \$15,500 by 1995.
- *Helping the Needy* CDA works with government to provide dental care to Canadians with low incomes, to aboriginals, to developing countries.

Influencing the Third Party Industry

CDA's influence in this area has assured the profession efficient treatment planning and economies of practice.

- *Innovation* CDAnet, dentistry's national information network, lets members electronically process dental claims with major national carriers within seconds. Claim payment is radically sped up. Adjudication in most cases is immediate. Security is guaranteed. It's all free.
- *Leadership* CDA made Canada the first country in the world with the standard claim form. And the Uniform System of Codes and List of Services further streamlined the claims process.

Promotion

Knowledge. Attitude. Behaviour. Each of these is pivotal to the dental health of individuals. What people think, know, and do about their dental health affects our profession's ability to provide the best oral care.

We're constantly striving to reinforce your work by ensuring that people have the right ideas about their dental health; and the motivation to keep it good for life.

More patients, better patients

CDA's dental awareness program has been a resounding success. More Canadians are going more often in search of preventive dental care. They're more motivated, better informed — and more inclined than ever to view the dental team as their partner in dental health.

- *More Patients* Since the start of the Dental Awareness Program in 1985, annual dental visits have increased by 8.8%.
- *More Motivated* The number of Canadians who floss at least once a day has more than doubled since 1985. The number of people who believe their dentist is communicating effectively and charging reasonably is consistently on the rise.
- *More Satisfied* Our surveys tell us that fully 83% of Canadian adults are very satisfied with the dental care they receive. Canadians truly are becoming our "partners in prevention."

More resources, better resources

CDA remains the first choice of Canadian dentists for educational resources for patients. That's because everything we produce is up-to-date, useful, authoritative.

- *Innovations* CDA's *First Teeth* broke the ground in 1988, a clear, comprehensive, engaging guide for parents of children up to age 9 and an internationally acclaimed award-winner. Now, we've introduced the Dental Information System, our brand new series of patient education booklets. Covering all the topics you want, it redefines dental information: the way it's written, the way it looks, the way it's read. And the way it works.
- *Dental Health Month* Every April, Canadian dentists from coast to coast participate in Dental Health Month, dentistry's signature dental health promotion campaign. CDA's Keep Smiling line of products, featuring Bob and the Five Point Prevention Plan, provides you with tools that work. And together with provincial dental associations and corporate sponsors, we create promotional events and programs to support your efforts.

All CDA resources are offered to members at significant discounts.

Communication

To inform. To educate. To motivate. These are the objectives that drive the CDA's communication program.

Our audiences: the Canadian public and Canadian dentists. Each needs a different set of information and advice, but the delivery has to be identical: timely, accurate and useful.

For our members, we have evolved a range of information vehicles, each responding to a different information need. To reach the public, we've developed a strong relationship with the media. They turn to CDA for the profession's opinion on controversial issues; they respond to our requests for coverage of issues the profession wants aired.

Communicating with the Profession

Dentists need timely information that affects day-to-day practice, access to scientific research with long-term benefit, and access to their colleagues in organized dentistry. CDA members get it all.

- *Timely, Accurate, Authoritative* The CDA *Journal*, Canada's leading clinical review. *Communiqué*, CDA's newsletter, keeping you abreast of the latest issues, decisions and stories that impact on your practice. The President's Letter, issued when members require quick comment from the CDA on a pressing matter. Whether it's science, management, education — if it's important to your practice, we'll tell you about it. And all complimentary with your membership.
- *Assured Access* The CDA library/resource centre offers a large collection of books and journals, videos, and the BRS database of national and international research. The national toll-free phone and fax lines guarantee maximum access. Research, advice, opinion: from us to you, from you to us.

Communicating with the Public

There is a wide array of dental issues about which the public needs information, clarification, reassurance. CDA remains the single most visible and trusted voice of the profession.

- *Managing the Issues* AIDS, silver-mercury amalgam, infection control — issues that concern the public and require immediate attention. CDA is the voice of calm and authority in a troubled and anxious world.
- *Managing the Agenda* Dentistry's agenda is now the public's agenda too. We've been extremely successful in drawing positive media attention to our issues — a 1000% increase in coverage of dental health issues.

Professional Development

Attracting the best and the brightest; ensuring the quality of their education; keeping them abreast of the latest scientific developments. CDA has a complete commitment to the development of the dental professional.

The core of CDA's role in this area is maintaining uniformly high dental education standards across the country. For practitioners, we offer the annual CDA convention, the leading national dental meeting in Canada and information on a rich array of other continuing education opportunities.

Students

Students benefit from CDA's close involvement in maintaining dental school standards. CDA makes students part of the profession from day one of dental school.

- *Long-term View* CDA administers the Dental Aptitude Test and advises the Commission on Dental Accreditation, which accredits dental and allied dental education programs, helping set a uniformly high educational standard across the country.
- *Immediate Benefits* CDA provides students with direct representation on the CDA board, access to all CDA programs and services, a free subscription to the CDA *Journal*, insurance coverage at discount rates — all for a fraction of the regular membership fee. Upon graduating, student members receive six months of free personal insurance coverage. Small wonder over 95% of students belong to CDA.

Practitioners

For the practising professional, continuing education courses are the vital link to the latest scientific developments, treatment techniques and practice management methods.

- *The Best Meeting* The CDA annual convention remains one of the most important dental meetings in the country. Each year, thousands of dentists gather from across Canada to hear nationally and internationally renowned speakers covering a wide range of topics, and to see the latest offerings of dental products. Registration is free for members.
- *The Best Directory* The CDA *Journal* publishes a comprehensive guide to continuing education programs across the country twice a year.
- *The Best Resources* CDA offers a practice management manual and a dental health marketing seminar — both of which are the most effective on the market, offered at special rates for members.

Standards

The dental profession is expected to set and maintain the highest standards of excellence among practitioners and do the utmost to protect the public's health and safety.

These standards are tested by complex health issues, uncertainty about new treatment techniques, and an increasingly competitive marketplace for professional and consumer products.

CDA articulates the profession's ethical standards, provides careful guidelines for new treatment techniques and new professional products, and protects the public through our product recognition programs.

Ethical Standards

In the delivery of any sophisticated health care service such as dentistry, there will always be procedures that are controversial. And there will always be the need for the profession to assume responsibility for the ethical conduct of its own members.

- *Articulating* CDA's Code of Ethics expresses the universal values of the dental profession in a way that helps you adapt to emerging issues and social values.
- *Advising* The Guidelines for Procedures advise practitioners in more detail on the more pressing contemporary issues that have emerged, such as infection control, dental amalgam, lasers, and others.

Product Recognition

For both the profession and the public, it's important to know that CDA recognition of certain products is the expression of the highest level of professional objectivity. It means the products carrying this recognition can be trusted.

- *Professional Confidence* Through the Professional Products Recognition Program, CDA officially recognizes professional materials that conform to the specifications of the International Standards Organization. CDA recognition provides you with additional confidence when deciding on a purchase for your practice.
- *Public Confidence* CDA extends its well-known Seals of Recognition and Statements to manufacturers who promote dental research and whose products pass extensive testing and have proven scientific efficacy. We also review all advertising of these products for accuracy.

Dividends

Dividends are the dollars and cents benefits that only CDA can bring you. They make membership that much more relevant to your daily practice life — and that much more personal.

Dividends cover all aspects of your clinical, financial and even personal life. They range from free claims processing on CDAnet, to exclusive insurance packages, to great vacation bargains.

Savings for Members

Many CDA services are provided free or at significant reduction to CDA members only.

- Free registration at the annual CDA convention
- Free claims processing on CDAnet
- Free access to CDA library services
- Free GST manual, explaining in detail how the tax works and how it affects your practice
- Free manual on hazardous waste disposal
- 25% reduction on all professional, educational and promotional material produced by CDA
- Discounted car leasing rates
- Special credit card services with the CDA Affinity card
- 50% reduction for use of the Equipment Sterilization Monitoring Program — 8-12 test samples a year.
- Club Med vacation reductions
- Corporate hotel rates across Canada
- Tax seminars at significant reduction

Financial Security

Through CDSPI (Canadian Dental Services Plans Inc.), CDA members have exclusive access to some of the most comprehensive and sophisticated financial and insurance services available to any profession.

- The group buying power of the profession allows for much lower rates than those offered by private insurers.
- There are 12 insurance plans offered, including life, disability, office and liability.
- The CDA RSP fund is a consistently excellent and safe investment performer. All members are eligible to invest in it.

CDA COUNCILS, COMMITTEES AND CHAIRS

Executive Council
Management

Dr. Les Allen
Dr. Les Allen

Committees

CDAnet
Communications Steering
 Membership Services
Community and Institutional Dentistry
Consumer Products Recognition
Conventions
Dental Materials and Devices
Dental Specialties
Ethics
Government Relations
 Sub-Committee on Medical Services Branch
 Canadian International Development Agency
Nominations, Awards and Trusts
Professional Resource Utilization
Student Affairs
Taxation
Third Party Dental Plans

Dr. Don MacFarlane
Dr. Raymond Wenn
Dr. Barry Dolman
Dr. Jack Gryfe
Dr. Michael Eggert
Dr. Michel Jahjah
Dr. Ralph Barolet
Dr. Ian Vogan
Col. Morley Deyette
Dr. Raymond Wenn
Dr. Raymond Wenn
Dr. Raymond Wenn
Dr. Bernard Dolansky
Dr. Don MacFarlane
Mrs. Deborah Copper-Lall
Dr. Robert Hicks
Dr. Luc Dugal

Councils

Constitution and By-Laws
Education
Insurance and Investment

Dr. George Peacock
Dr. Gordon Thompson
Dr. Mel Charendoff

Commission on Dental Accreditation

Dr. Ralph Brooke

APPENDIX II

1992 Membership Statistics for Ontario

As at February 27, 1992 (Compared with final 1991 figures)

	1992		1991		% of Last Year	
	licensed	unlicensed	licensed	unlicensed	licensed	unlicensed
Active	2377	0	2638	4	-9.9%	-100.0%
Affiliate	15	0	43	1	-65.1%	-100.0%
Supporting	11	8	11	9	0.0%	-11.1%
Retired	0	42	0	44	0.0%	-4.5%
Students	47	13	35	19	34.3%	-31.6%
Life	108	220	115	221	-6.1%	-0.5%
Sub-total	2558	283	2805	297	-8.8%	-4.7%
Non-members	2835	308	2746	302	3.2%	2.0%
Total	5617	608	5551	599	1.2%	1.5%
Total Active & Licensed Life	2485		2757		-9.9%	

As at February 27, 1992 (compared with February 28, 1991 figures)

	1992		1991		% of Last Year	
	licensed	unlicensed	licensed	unlicensed	licensed	unlicensed
Active	2377	0	2483	4	-4.3%	-100.0%
Affiliate	15	0	39	0	-61.5%	0.0%
Supporting	11	8	11	7	0.0%	14.3%
Retired	0	42	0	41	0.0%	2.4%
Students	47	13	33	21	42.4%	-38.1%
Life	108	220	116	226	-6.9%	-2.7%
Sub-total	2558	283	2682	299	-4.6%	-5.4%
Non-members	2835	308	2911	317	-2.6%	-2.8%
Total	2485	608	5593	616	-55.6%	-1.3%
Total Active & Licensed Life	2485		2603		-4.5%	

1992 Membership Statistics for Quebec

As at February 27, 1992 (Compared with final 1991 figures)

	1992		1991		% of Last Year	
	licensed	unlicensed	licensed	unlicensed	licensed	unlicensed
Active	961	0	954	5	0.7%	-100.0%
Affiliate	19	0	307	0	-93.8%	0.0%
Supporting	2	1	7	1	-71.4%	0.0%
Retired	0	25	0	28	0.0%	-10.7%
Students	28	0	34	3	-17.6%	-100.0%
Life	53	78	57	76	-7.0%	2.6%
Sub-total	1063	104	1359	113	-21.8%	-8.0%
Non-members	1852	224	1744	198	6.2%	13.1%
Total	3190	333	3103	311	2.8%	7.1%
Total Active & Licensed Life	1014		1016		-0.2%	

As at February 27, 1992 (Compared with February 28, 1991)

	1992		1991		% of Last Year	
	licensed	unlicensed	licensed	unlicensed	licensed	unlicensed
Active	961	0	904	0	6.3%	0.0%
Affiliate	19	0	302	0	-93.7%	0.0%
Supporting	2	1	4	0	-50.0%	0.0%
Retired	0	25	0	27	0.0%	-7.4%
Students	28	0	23	5	21.7%	-100.0%
Life	53	78	60	74	-11.7%	5.4%
Sub-total	1063	104	1293	106	-17.8%	-1.9%
Non-members	1852	224	1886	225	-1.8%	-0.4%
Total	3190	333	3179	331	0.3%	0.6%
Total Active & Licensed Life	1014		964		5.2%	

COMMITTEE ON COMMUNITY & INSTITUTIONAL DENTISTRY

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

- Members:** Dr. Jack H. Gryfe, Toronto - Chairman
Dr. Neil Farrell, London
Dr. John Hardie, Vancouver
Ms. Carol Clemenhagen, Ottawa
Dr. Trey Petty, Calgary
Dr. Geoff Smith, St. John's
Dr. Wayne Steggle, Smith Falls
Mrs. Carol Worobey, Ottawa
Dr. Julian Tsafaroff, DVA, Toronto (Observer)
- Executive Liaison:** Dr. Ron Smith, Duncan, B.C.
- Senior Staff:** Mr. Brian Henderson, Director, Professional Services
Dr. Arthur Schwartz, Associate Director, Professional Services
- Coordinator:** Mrs. Danuta Askew

1. Committee Meetings

The Committee on Community and Institutional Dentistry has met once since its report to the Annual Meeting of the CDA Board of Governors. The meeting was held in Ottawa on January 10 and 11, 1992. Drs. Trey Petty and Ron Smith were welcomed at their first meeting of the Committee.

ITEMS REQUIRING BOARD ACTION

2. Fluoride

Four aspects of fluoridation have been the subject of a number of recent studies: fluoride supplements, self applied fluorides (including dentifrices and mouth rinses) professionally applied fluorides and water fluoridation. Dr. Christopher Clark of the University of British Columbia has secured funding for a national workshop on Evaluation of Current Recommendations Concerning Fluorides. The conference will be held in Toronto in April 1992 and will review current scientific evidence supporting the effectiveness of fluoride at current recommended concentrations and determine the need to modify current recommendations.

RESOLVED:

- 92.11 **THAT Dr. Neil Farrell be appointed as the official CDA representative to the conference "Evaluating Current Recommendations on Fluorides" and that he be requested to prepare a report on that conference for presentation to the Committee on Community & Institutional Dentistry.**

The Board of Governors agrees and directs that the Executive Liaison to the Committee on Community and Institutional Dentistry also represent the CDA at the Conference.

3. **Hospital Dentistry**

The Committee on Community & Institutional Dentistry recognizes the need for a definition of the discipline of hospital dentistry.

RESOLVED:

- 92.12 **THAT the following definition of hospital dentistry be accepted by the CDA.**

"Hospital Dentistry is the provision of dental care to inpatients and outpatients of hospitals. Such care may be necessitated by the patient's disability, condition or illness, and/or by the consequence of the management of these disabilities, conditions or illnesses."

ADOPTED

4. **Hospital Survey**

Recent discussions with the Canadian Hospital Association have identified a common interest in obtaining information regarding the dimensions and status of clinical hospital dental services in Canada.

RESOLVED:

- 92.13 **THAT CDA and Canadian Hospital Association, in partnership, undertake and carry out the development and implementation of a questionnaire, to acquire data on the dimensions of hospital dentistry in Canada. It is further recommended that this survey be completed with costs to the CDA limited to \$3500., or less.**

The Board of Governors agrees, subject to staff presenting a detailed supplementary budget for consideration and approval.

The Board of Governors requests that the military hospitals be included in this survey.

5. **Needle Use and Recapping**

The Committee on Community & Institutional Dentistry has recently been informed of policies proposed by certain institutional infection control officers questioning the safety and efficacy of using the same needle for multiple injections in the same oral cavity. Other concerns, such as the capping of needles before and after use, are also being addressed in institutional policies.

RESOLVED:

- 92.14 **THAT CDA adopt the following Policy on Needle Use and Recapping:**

1. **An injection needle should be capped prior to use.**
2. **Injection needles should be recapped after use, using approved and accepted safety methods.**
3. **It is accepted standard dental procedure to employ one needle for multiple injections in the oral cavity of the same patient.**

ADOPTED

The Board of Governors directs the Committee on Community and Institutional Dentistry to ensure the provision of guidelines regarding the discarding of used needles.

6. Denture Labelling

The Committee on Community & Institutional Dentistry was made aware of serious problems in identifying removable dental appliances in dental patients in intermediate and long-term institutions.

RESOLVED:

92.15 **THAT the words "Policy on Denture Labelling" be substituted with the words "Policy on Dental Appliance Labelling" in the following recommendation:**

"THAT CDA adopt the following Policy on Denture Appliance Labelling:"

DEFEATED

RESOLVED:

92.16 **THAT the word "shall" be substituted with the word "should" in the following recommendation:**

"a) THAT all removable dental appliances shall be labelled at the time of their fabrication with at least the patient's name."

ADOPTED

RESOLVED:

92.17 **THAT CDA adopt the following Policy on Denture Appliance Labelling:**

a) THAT all removable dental appliances should be labelled at the time of their fabrication with at least the patient's name.

b) THAT all intermediate and long-term care facilities adopt the policy of laboratory labelling of patient's removable dental appliances upon patient admission to the institution.

ADOPTED

If the CDA approves the above, the Committee on Community & Institutional Dentistry will undertake to notify the Canadian Hospital Association and other appropriate groups and institutions. The Commission on Dental Accreditation will also be requested to reflect the recommendation in its guidelines.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. Hospital Dentistry - Proposed Teaching Conference

The developing field of hospital dentistry has recently been reviewed by the Committee on Community & Institutional Dentistry (see Appendix I). Individuals working in the field are encountering similar questions and challenges, and there is a strong interest in a conference which would permit sharing of information and resources. The Committee on Hospitals of the Commission on Dental Accreditation has also identified strong interest for such a conference and the Commission has written the Association of Canadian Faculties of Dentistry to suggest that a teaching conference be held on this topic. This Committee will write to ACFD and express support for such a conference. One of our Committee members, Dr. John Hardie, will be proposed for consideration as Chairman. It is noted that teaching conference topics are proposed by ACFD and considered and approved by the CDA Council on Education.

APPENDIX I

8. Bacterial Endocarditis

Following discussion at the August 1991 Annual Board Meeting, subtle differences in the American Heart Association guidelines (after which the CDA guidelines have been fashioned) and the guidelines published by the RCDS regarding bacterial endocarditis prophylaxis were identified. These differences have been identified and the RCDS informed.

9. Clinician's Guide to Regulations and Guidelines

The Committee on Community & Institutional Dentistry reviewed numerous CDA regulations and guidelines, and has noted that these documents have little or no consistency in format and presentation. The Committee feels that makes the documents less convenient for review. CID will investigate how CDA might produce a resource such as "A Clinician's Guide to Regulations and Guidelines", which could incorporate existing resources in a consistent format and allow new resources to be added, as produced.

10. **Geriatric Dentistry**

The Committee considered further work towards recommending a CDA definition of Geriatric Dentistry, and decided that such an initiative is not warranted at this time. It is noted traditional definitions (which relate geriatric dentistry to older patients with one or more medical conditions or problems) are regarded by some as too narrow. Others object that such definitions, apart from their reference to older patients, essentially describe dentistry for medically compromised patients. Finally, wide definitions (which suggest that geriatric dentistry is dentistry for the older patient) fail to introduce any differentiation with general dentistry, apart from the age group of patients. The Committee recognizes that treatment of older patients may involve special physiological or psychological considerations impacting upon treatment management, but has not found a means to define geriatric dentistry as a unique or distinct field.

11. **Mandatory Health Care Worker Testing**

The Committee on Community & Institutional Dentistry has reviewed the recent report of the symposium on blood-borne infections that was held December 5/6, 1991 under the auspices of the Laboratory Centre for Disease Control. The Committee notes that CDA's current policies on infection control and the infected practitioner appear well-founded and consistent with draft conclusions coming from the conference. These are presented for information in an appendix to this report. No action is recommended at this time; the interdisciplinary workshop will hold a second meeting this spring.

APPENDIX II

The Committee wishes to draw the Board's attention to the participants of the workshop, who represented some of the most informed and outstanding authorities, in the field, as well as representation from most major Canadian health care organizations.

12. **Amended Regulations on Dental X-ray Equipment - Reference:**

- a) Recommended Safety procedures for the use of dental X-ray Equipment**
- b) Radiation emitting devices regulations**

At the request of this Committee, Dr. Colin Price, Faculty of Dentistry, UBC, reviewed the proposed amendments for these documents. Appropriate comment in support of these revisions will be forwarded to Health & Welfare Canada.

13. **Management of Hazardous Materials in the Dental Office Manual**

Part III of the Manual on Management of Hazardous Materials in the Dental Office has been reviewed and the Committee accepts the document in principle and directs it for editing and further revision prior to the next committee meeting with a view to presentation at the Annual Board.

The Board of Governors directs that, following final editing, the manual be circulated for comments prior to presentation for approval at the 1992 Annual Meeting.

14. **Tooth Whiteners**

The Committee has reviewed the most recent correspondence from Health and Welfare regarding tooth whiteners and has directed staff to communicate with Health and Welfare and ascertain if policy changes are contemplated, in view of a US FDA decision to classify these products as drugs.

15. **Closing**

In conclusion, the Chairman wishes to extend thanks, both personally and on behalf of the Committee, to Danuta Askew, Brian Henderson and Dr. Arthur Schwartz for their outstanding efforts in support of the Committee and the work of the Chairman.

Respectfully submitted,

Jack H. Gryfe, D.D.S., Chairman
Committee on Community & Institutional
Dentistry

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Community and Institutional Dentistry.

CURRENT STATUS OF HOSPITAL DENTISTRY IN CANADAAcknowledgements

The author wishes to express his appreciation to the following colleagues whose contributions were essential to the completion of this report. The interpretation of their comments and/or articles is the sole responsibility of the author who apologizes in advance for any misunderstanding.

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Introduction

The Community and Institutional Dentistry Committee of the Canadian Dental Association has as part of its mandate consideration of topics relating to the discipline of Hospital Dentistry. To better define what issues within Hospital Dentistry should or may be the concern of the Committee, an attempt was made to profile the current status of Hospital Dentistry in Canada. This was obtained by:

- forwarding the attached letter (Appendix I) to the Directors of hospital based Departments (Divisions) of Dentistry currently accredited by the Commission on Dental Accreditation;
- analyzing the results;
- preparing the report which is an extrapolation of the results avoiding as far as possible the author's biases and prejudices;

It is appreciated that this profile does not include the comments of colleagues who have staff appointments in the numerous hospitals not included in this survey.

General Comments

There was a remarkable similarity among the 15 responses. Some colleagues chose to reply by offering comprehensive descriptions of their departments while others provided philosophical perspectives on the subject. However, the answers do permit the following comments to be made.

• Definition of Hospital Dentistry

Hospital Dentistry is the provision of dentistry to inpatients and outpatients of hospitals necessitated by the patient's disability, condition or illness, or as a consequence of the management of that disability, condition or illness.

• Relationship with Senior Administrators and Medical Staff

A consensus exists that hospital dental units should (when the size of the unit and organizational structure of the hospital permit) be structured as independent, autonomous departments. As such the department and its staff would be accorded the equivalent responsibilities, rights and privileges as other hospital departments and medical staff. Many responses indicated that this was the case with no evidence of discrimination. Indeed, in some institutions, dentists have served as President of the Staff, Chairman of the Medical Advisory Committee and in more senior administrative roles. Nevertheless, some replies created the impression that the apparent equality may be more perceived than real, and that dentistry is tolerated rather than accepted in the hospital environment. Reasons offered for this assessment included:

- The small size and budget of dental departments relegate them to minor users of hospital resources and hence of minimal concern to administrators.
- The majority of hospital clinical and support personnel are unaware of why dentists would wish to practice in hospitals.
- The perception among administrators and medical staff that dental services are not critical nor significant in the care of hospital patients.
- Dental staff adopting reactive as opposed to proactive positions.

• Representation of Hospital Dentistry in Organized Dentistry and in Local, Provincial and National Hospital Associations

Ambivalence exists as to whether the best interests of Hospital Dentistry are served by local/provincial dental organizations or by national bodies such as the C.D.A. It is probably true that any single dental department cannot thrive or even survive unless there are appropriate supportive relationships emanating from the local dental community and the provincial association. The role of the C.D.A. may be to create the environment which will permit the discipline of hospital dentistry to be accepted and understood by national associations representing other professions with hospital affiliations.

Respondents recognize the need for hospital based dental staff to play active leadership roles in the organization, promotion and evolution of hospital dentistry. In this regard, C.D.A. via its accreditation process was acknowledged in the development of the discipline. The integration of dental departments into the general milieu of hospitals may result in accreditation by the Canadian Council on Health Facilities Accreditation (CCHFA) being a more significant event than a survey by the C.D.A. This concept has some validity if dental departments wish the equivalent status of other departments, and if they desire - in this era of fiscal restraint and justification of services rendered - to be subject to the outcome assessments advocated by CCHFA. There is general agreement, however, that there is need of a national forum, to discuss general and specific aspects of hospital dentistry.

• Funding for Hospital Dentistry and its Full and Part-time Staff

It is not surprising that the responses indicated the unanimous agreement that funding is a source of frustration. Hospital Dentistry is an enigma. It is able to generate revenues and as such could potentially operate without hospital global funding, however, the very essence of hospital dentistry (which makes it unique and of value to the hospital, the community and the profession) is its treatment of medically compromised patients which is seldom cost effective, hence subsidization from the global budget is often a necessity. In departments with faculty of dentistry affiliations professional staff may be funded via university appointments, but even in such circumstances directors of departments are spending an increasing amount of their time analyzing expenditures and revenues. This problem is further magnified by many hospitals adopting drastic cuts in expenditures in all departments

which may adversely affect a dental unit's ability to generate more or even the same level of revenue as in previous years.

The funding issue is further complicated in training programs where an appropriate balance must be obtained between monies generated by residents and the time spent on hospital rotations and didactic learning. There is a general agreement that recognition must be given in fee schedules to the unique nature of hospital dentistry. Finally, some respondents expressed frustration with the method by which their contracts and salaries were arranged principally because they have minimal knowledge of what are national levels of remuneration or accepted responsibilities for such positions.

In spite of the aura of fiscal uncertainty, there is the distinct impression that colleagues are proud of their departments and wish to fulfil the goals of hospital dentistry, while simultaneously being aware of the need to conform to and support the mandate of the parent institution.

· The Role of Hospital Dentistry in Teaching and Research

Although most replies suggest that hospital dental departments are suitable locations for such activities, there was the very practical realization that these endeavours depend upon university affiliations, a critical mass of appropriate staff, the presence of resident or graduate programs, appropriate funding and suitable facilities. Nevertheless, many departments do sponsor successful residency programs, and all departments serve as invaluable resource centres for the local dental community.

Conclusions

The responses to the letter suggest a high level of satisfaction among respondents marred by very real problems associated with funding and to a lesser extent by some frustration at the ambivalent recognition of hospital dentistry by administrators and medical staff.

Recommendations

Based upon this report it is recommended that the CDA via the CID Committee:

1. Consider the proposed definition of Hospital Dentistry
2. Develop in conjunction with the Committee on Hospitals of the Commission on Dental Accreditation, a joint proposal to be submitted to CDA and CFDE for the sponsorship of a symposium on Hospital Dentistry. Items to be discussed would include:
 - The Accreditation Process:
 - a) CDA and CCHFA
 - b) Risk Management
 - c) Outcome Assessment

- Relationships with:
 - a) Local, provincial and national dental associations
 - b) Local, provincial and national hospital associations
 - c) Hospital based dental colleagues
 - d) Hospital consumers
 - e) Faculties of Dentistry
 - Funding mechanisms for:
 - a) Directors of Departments
 - b) Full and Part-time Staff
 - c) Medically Compromised Patients
 - d) Hospital based consultations
3. Liaise with the Canadian Hospital Association to promote Hospital Dentistry among its members.

Respectfully submitted,

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December 1991

APPENDIX II

BLOODBORNE PATHOGENS IN THE HEALTH CARE SETTING:
Issues related to transmission to patients by health care workers
December 5/6, 1991 - SUMMARY

On December 5/6, 1991, a meeting was held in Ottawa at which 41 representatives from organizations of health care professionals, community groups, and provincial and federal health officials were brought together by the Laboratory Centre for Disease Control to discuss issues related to the transmission of blood-borne infections, notably hepatitis B virus (HBV) and human immunodeficiency virus (HIV), in health care settings. The objectives of the meeting were to: 1) present current information on these issues, particularly that relevant to the Canadian health care system, 2) permit a forum for discussion by interested parties, 3) identify key issues that need to be further discussed, and 4) agree on a mechanism for working toward a consensus on these issues by the participating groups.

A number of key issues were identified that will require further discussion. However, there was general agreement on the following points:

1. The public and health care workers need to be better educated about the extremely small risk for acquiring HIV infection in health care settings.
2. Mandatory testing of health care workers and patients for HIV is not presently warranted due to the extremely small risk of HIV transmission in this setting and due to the impracticality of this measure. This risk may be further reduced by strict adherence to Canadian Infection Control Guidelines. Notification of patients that a health care worker is infected with HIV or HBV is not indicated.
3. Current Canadian Infection Control Guidelines for preventing blood-borne infections in health care settings are appropriate for reducing risk for these infections. Rigorous implementation of these procedures in all health care settings must be achieved.
4. More research needs to be directed into developing technologies and practices to further decrease the risk for the transmission of infectious diseases in health care settings.
5. Routine immunization of health care workers with hepatitis B vaccine at the earliest possible stage of their careers will further reduce the risk of transmission of HBV in health care settings.
6. Further discussion and broader consultation will be needed in the effort to develop common guidelines to deal with i) the management of health care workers infected with HBV, HIV, or other blood-borne pathogens; ii) patient notification; and iii) the concept of exposure prone procedures as a means to reduce transmission.

Mechanisms were proposed to continue discussions and develop positions on unresolved issues. A second general meeting has been proposed for late Winter/early Spring 1992, to present the results of these discussions and identify areas of consensus.

December 11, 1991

Dr. John Spika
Meeting Rapporteur

A G E N D A

December 5 & 6, 1991 Workshop on:

**Bloodborne Pathogens in the Health Care Setting:
Issues related to transmission to patients by health care workers
Minto Place, Ottawa, Ontario**

Chairperson: M. Brazeau, M.D.

Rapporteur: J. Spika, M.D.

DAY ONE - DECEMBER 5, 1991

08:00	OPENING REMARKS AND WELCOME	Dr. J.Z. Losos Dr. M. Brazeau
08:15	The United States Experience	Dr. D.M. Bell
09:00	Ethical Aspects: Canada	Dr. D. Roy
09:45	The Human Rights Implication of AIDS Testing	Mr. J. Scratch
10:30	COFFEE BREAK	
10:50	A Hospital Administrator's Perspective	Mr. J. Bruce
11:30	Current Canadian Infection Control Guidelines	Dr. A. Chow

12:10 LUNCH

ORGANIZATION REPORTS:

13:30	• Canadian Medical Association	Dr. D. Walters
13:37	• Canadian Dental Association	Dr. A. Swartz
13:44	• Canadian Public Health Association	Mr. R. deBurger
13:51	• Canadian AIDS Society	Mr. D. Garmaise
13:58	• Fédération des médecins omnipraticiens du Québec	Dr. P. Côté
14:05	• Manitoba Health	Dr. M. Fast
14:12	• Canadian Dental Hygienists	Ms. C. Worobey
14:19	• Canadian Hemophilia Society	Ms. B. Featherstone
14:26	• STD Control, B.C. Ministry of Health	Dr. M.L. Rekart
14:33	• Canadian Infectious Disease Society	Dr. G. Hammond
14:40	• Canadian Association of Emergency Physicians	Dr. R. Corrin
14:47	• Canadian Nurses Association	Mr. A. Johnson
14:54	• Ontario Ministry of Health	Dr. E. Wallace
15:01	• Community & Hospital Infection Association of Canada	Ms. G. Thompson
15:08	• Toronto HIV Primary Care Physicians Group	Dr. M. Holton

15:15 • Department of Infectious Diseases, Hospital for
Sick Children - Toronto

Ms. C. Mindorff

15:22 COFFEE BREAK

15:45 Group Discussion

DAY TWO - DECEMBER 6, 1991

08:30 Review of positions and discussion of
mechanism for reaching consensus

10:00 B R E A K

10:30 Workshops/Further Review

12:00 L U N C H

13:00 Review/Closure

15:00 End

LIST OF PARTICIPANTS

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Bloodborne pathogens in the Health Care Setting:
Issues related to transmission by health care workers to patients

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COMMITTEE ON CONSUMER PRODUCTS RECOGNITION

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. M. Eggert, Chairman, Edmonton Dr. B. Chapple, Port Hope Dr. E.C.S. Chan, Montreal Dr. H. Limeback, Toronto Dr. H.S. Sandhu, London Dr. D. Haas, Toronto
Executive Liaison:	Dr. B. White, Saskatoon
Observer:	Dr. M. Akoury, Health & Welfare Canada
Senior Staff:	Mr. B. Henderson, Director, Professional Services
Coordinator:	Ms. C. Dowsing

1. Committee Meeting

The Committee on Consumer Product Recognition has held one meeting since the 1991 Annual Meeting of the CDA Board of Governors; the meeting was held on December 6, 1991.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Fluoride Guidelines

The Committee discussed draft new guidelines for the approval of fluoride containing products and recognized the need to review these against existing guidelines. It was agreed that the Committee for Consumer Products Recognition will reconcile the new fluoride guidelines with existing ones, review the wording of the new guidelines and incorporate any additional features as indicated through review and discussion. Additional reference material will also be identified in the revised guidelines. The revised guidelines will be presented to the Board on completion.

3. **Crest Fluoride Superiority Claim**

Representatives from Procter & Gamble met with the CPR Committee to support their proposed advertising claim that Crest is superior to other brands in fluoride uptake. The presentation included a slide show which detailed several studies performed to support the superiority claim. The Committee's first and foremost concern was the issue of brand comparison. The Committee members were concerned about the public's ability to understand scientific issues. The Canadian Dental Association has a responsibility to the public, and the company is asking the Committee to support a distinction between two products. The Committee members felt that such a distinction could not be supported without a review of clinical trials demonstrating superior effectiveness. The Committee suggested that while the average consumer would not be able to assess the scientific information currently provided to support the claim, such information could be presented to the profession instead of consumers. After deliberation, the Committee agreed that no direct comparative promotion to the public will be allowed but will allow the free flow of scientific information and will not prevent Procter & Gamble from making the profession aware of this scientific information. Procter & Gamble will be informed of this decision.

4. **Cost Analysis - Revenue 1991**

The Committee reviewed a report of account receivables for 1991. Revenues were increased this year due to the recognition of two new products, and also because annual fees were augmented to \$3,000. The Committee reiterated that the goal of the CPR recognition program is to cover internal costs. The Committee agreed that further emphasis on revenue generation is required to achieve this and anticipates that development of the Gold Seal Program will be helpful in this regard.

5. **Gold & Silver Seal Program**

The Committee reviewed a draft document that was presented to the Committee by Dr. Limeback. The committee will formulate a set of guidelines for evaluation of corporate sponsorship. The entire committee will participate in formulating the general policy statement on the CDA Seal of Recognition program, inviting comments from Canadian dentists. The Committee recommended that the draft guidelines be published in the CDA Journal, along with an article discussing the Gold/Silver Seal program. This is now a working document and will be reviewed at future meetings as ongoing business. The draft guidelines will be further developed by the next meeting.

6. **Discussion of External Funding**

The Committee will request that interested companies fund a Gingival Guideline Review meeting. Letters have already been sent to a number of individuals requesting their comments and opinions. Companies will be informed that funding will not be permitted to influence the final results of the meeting.

7. **Gingivitis Guidelines**

A survey was mailed to periodontists in June, 1991, requesting their opinion on the current gingival target index after Warner-Lambert initiated a request to have CDA change the current Gingivitis Guidelines. Results of the survey indicated that five out of seven agreed on the present or higher gingival target index. Committee members suggested that the same survey be printed in the CDA Journal to obtain comments from all Canadian dentists. The Chairman informed the Committee that stakeholders are still being identified and explained his desire to obtain suggestions, comments and recommendations of respected periodontists and professors in reviewing the clinical target. The Committee will pursue the idea of planning a separate meeting to review the Gingivitis Guidelines and will continue to lobby stakeholders and companies to obtain funding.

8. **Newly Approved Products**

The following products were granted the CDA Seal of Recognition at the last committee meeting:

Aquafresh Freshmint Tartar Control Toothpaste - SmithKline Beecham
Macleans Tartar Control Toothpaste - SmithKline Beecham
Sensodyne-F Gel Toothpaste - Block Drug Company

9. **CPR Database**

The CPR Database is being reviewed on a continual basis as there is a need to review contracts and fees on an ongoing basis.

10. **Chewing Gum Recognition Program**

The Committee reviewed draft chewing gum guidelines prepared by Dr. Limeback. It was decided that additional input was needed and that further scientific evidence is required to support each point. The guidelines will be dealt with as ongoing business at future meetings. The Committee recommended that the guidelines be circulated to the profession and to other groups, to obtain comments and recommendations. The Committee underlined that depending on which claim will be allowed, scientific back-up will be required. A time frame was set out to have the guidelines first reviewed by interested parties and then circulated to the profession with the results available for the May, 1992 meeting.

11. **Tooth Whiteners**

The Committee is monitoring developments and keeping abreast of current information with respect to tooth whiteners.

12. **Consideration of Additional Category**

The process on the development of a new category will continue with the review of the gingivitis guidelines.

13. **Advertising Guidelines**

Committee members requested that on Page 6 of SCH.I Standard, paragraph 5, the words **white coated** be put in quotation marks.

The CPR Committee wishes to thank Mr. Brian Henderson, Director, Professional Services and Mrs. Christiane Dowsing, committee coordinator for their assistance during the past year.

Respectfully submitted,

F. Michael Eggert, D.D.S., MRCD(C), M.Sc., Ph.D.
Chairman, Consumer Products Recognition Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Committee on Consumer Products Recognition.

CONVENTION COMMITTEE

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

General Chairman: Dr. Michel Jahjah, Montreal

Executive Liaison: Mr. Jardine Neilson

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. 1992 CDA Convention - Calgary

The 1992 Canadian Dental Association Annual Convention will be held in Calgary, Alberta August 29th - September 2, 1992. The program will consist of 2 days of limited attendance, hands-on courses (Saturday, August 29th and Sunday, August 30th) followed by 2 1/2 days of scientific sessions during the convention proper. Exhibits will be open from 9 am - 6 pm on Monday, August 31 and Tuesday, September 1.

The exhibit hall and all lectures will be located in the Roundup Centre at the Calgary Exhibition and Stampede Grounds. The Exhibit section will house approximately 250, 10' x 10' booths with the balance of the Roundup Centre being sectioned into four lecture areas each seating 450-500 participants; or two lecture areas in the Roundup Centre and two sections in the Big Four Building. In addition, the Archie Boyce Pavilion, a theatre connected to the Roundup Centre, will be used as a lecture hall.

a) 1992 Convention Hotels

The following hotels have room blocks for convention delegates participating in the 1992 CDA Convention:

Palliser Hotel (Headquarters)
Skyline Hotel (Headquarters)
International Hotel
Delta Bow Valley
The Westin Hotel

The headquarter hotels will be the Palliser Hotel and the Skyline Hotel.

b) Exhibits

Exhibitor kits were forwarded to 1992 potential exhibitors in early January. The Calgary Exhibition & Stampede Grounds was selected as the main convention site because of its capacity to house a large number of exhibitors and accommodate the scientific sessions.

It is anticipated that more booths will be sold than last year. This site enables CDA Conventions to house all Scientific lectures under the same roof as the Exhibit Hall thereby creating a more desirable traffic flow for exhibitors and less travel time for delegates.

c) Canadian Dental Assistants' Association

The CDAA is once again participating under the same terms and conditions as set in previous years. Barbara Peterson is the CDAA representative on the 1992 Convention Committee. The CDAA are also hosting their own social function on the Tuesday evening, prior to the Gala. CDA Conventions will assist CDAA by incorporating registration for this event on the general registration form and collecting the fees on behalf of the CDAA.

d) Canadian Dental Hygienists' Association

Participation by CDHA at the 1992 Convention has been confirmed under the same terms and conditions as set in previous years. Kathy Gernhard is the CDHA representative on the 1992 Convention Committee. The CDHA and ADHA will be hosting an "Issues Workshop" on Sunday. A report following this Workshop will be presented during the Convention proper on either Monday or Tuesday.

e) Convention Registration

The convention will, once again, be offered as a membership benefit. Pre-registration deadline is July 10, 1992. Non-member dentists will pay a fee of \$190.00.

f) Scientific Program

The 1992 Scientific Program is almost finalized. Four pre-convention courses will be offered, two on Saturday, August 29th and two on Sunday, August 30th. These courses will be held at the Convention Centre.

Participation of the speakers listed below has been confirmed:

Pre-Convention

Saturday, August 29, 1992

Jennifer de St. Georges

Practice Management

Dr. Howard Martin

Caulk Canada sponsored
Endodontics (Hands-on)

CONVENTION COMMITTEE

- 3 -

Saturday, August 29 and Sunday, August 30, 1992

Dr. Jay Friedman
Dr. Gary O'Brien

CoreVent sponsored 2-day lecture on
Implants (Hands-on)

Sunday August 30, 1992

Dr. Terry Donovan

Esthetic Restorative Dentistry and
Materials Update

Convention Proper

Dr. Tim McGaw

University of Alberta sponsored
lecture on Oral Pathology

Dr. Charles Baker

University of Alberta sponsored
lecture on Radiology

Dr. David Paton

University of Alberta sponsored
lecture on Pharmacology

Dr. Keith Compton

University of Alberta sponsored
lecture on Prosthodontics

Ms. Lauralynn Mealing

Home Computers

Ms. Sharon Wood

Motivational CFDE

Dr. Robert Boyd

Orthodontics, Grieve Memorial
Lecture

Dr. Ken Neuman

New Technologies

Dr. Ron Jordan

Dental Materials and
Amalgam Controversy

Dr. Alan Milnes

Paediatric Dentistry sponsored
by CAPD

Dr. Roy Page

Periodontics

Ms. Anita Jupp

Periodontics

Dr. John Molinari

Infection Control

CONVENTION COMMITTEE

- 4 -

Dr. Donald Yu	Endodontics
Dr. Claude Lamarche	Partial/Amovible (French)
Dr. Denis Robert	Composites (French)
CDHA	Hygienists "Issues Workshop" Report
Speaker TBA	Two, 2 hour lectures on Implants (sponsored by NOBELPHARMA)
Ms. Annette Linder	Periodontics
Dr. John McDougall	Nutrition and Health Issues
Speaker TBA	Two, 2 hour lectures on Electronic Dental Anaes. sponsored by H-Wave
Ed Kisling	Credit and Collection (sponsored by Direct Dental Funding)

g) Convention Committee

The Convention Committee has been formed and has been meeting monthly since September 1991. The Committee members are as follows:

Dr. Michel Jahjah, General Chairman, CDA Conventions
 Dr. Bill Kearns, Scientific Program
 Dr. Stuart Yaholnitsky, Social Program
 Dr. Richard Odland, Table Clinics
 Dr. Nick Misura, Exhibits
 Dr. Eugene Dalla Lana, Registration
 Ms. Kathy Gernhard, CDHA Representative
 Mrs. Lynne Kearns, Spouses' Program
 Ms. Cathy Kopec, Spouses' Program
 Ms. Judy Taillon, Spouses' Program
 Dr. Pauline Harrison, Children's Program
 Mrs. Janice Edgar, Administrative Assistant, CDA Conventions
 (to be replaced by Mrs. Christine Leadman - January 1992)

h) Details Regarding 1992 Board Meeting

The 1992 Board of Governors Meeting will be held Friday, August 28th and Saturday, August 29th at the Calgary Convention Center, lunch will be served at the Convention Center on Friday and Saturday.

Members of the Executive Council and Board of Governors will be housed at the Palliser Hotel and Skyline Hotel.

i) 1992 Installation Dinner

The 1992 Installation Dinner is scheduled be held in the Crystal Ballroom at the Palliser Hotel. The reception will be held in the Oval Room.

j) ICD Participation

The International College of Dentists will be holding its activities at the Palliser Hotel. ICD Convention delegates requiring hotel accommodations have been requested to complete the regular Hotel Reservation form utilized by Convention delegates and forward to the CDA Convention Housing Bureau by May 15, 1992.

k) RCDC Participation

The Royal College of Dentists of Canada will be holding its functions at the Palliser Hotel. Housing procedures for RCDC participants has not been established to date. Arrangements will be made with Kay Montgomery, the RCDC contact.

l) Canadian Association of Paediatric Dentistry

The Canadian Association of Paediatric Dentistry have agreed to sponsor Dr. Milnes to present a two-hour lecture on the topic of paediatric dentistry.

m) Canadian Association of Orthodontists

The Canadian Association of Orthodontists will be meeting in Calgary on Thursday, August 27 to Sunday, August 30. They will be using facilities at the Westin Hotel.

n) Convention Promotion

As usual we are using the CDA Journal to promote the CDA Convention. In addition, the editors of provincial newsletters and newsletters prepared by various Specialty Sections have been very helpful in supporting and promoting CDA Conventions in their publications. CDA Conventions appreciates all the support it is receiving.

o) Post-Convention Tour - Calgary/Alaska

TourCan has designed a preliminary post-convention tour for Calgary 1992. CDA Conventions is awaiting confirmation of the program. The probable deadline will be April 30, 1992. This tour is for limited attendance. CDA Conventions has provided this service in preparation for the 1994 FDI Convention to be held in Vancouver.

2. 1993 - Toronto

The 1993 convention is confirmed for Toronto, Ontario. A preliminary meeting with the core Committee members was held in October, 1991. The core Committee members consist of:

Dr. Michel Jahjah, General Chairman, CDA Conventions

Dr. Dick Ito, Scientific Program

Dr. David Brown, Exhibits

Diana Thorneycroft, ODA, Meetings Coordinator

Janice Edgar, Administrative Assistant, CDA Conventions

Christine Leadman, CDA Conventions

Other committee members will be selected from the Metro Toronto area.

It was agreed that committee meetings will be held in Toronto at the ODA offices whenever possible. A list of potential dates has been submitted from the ODA Board for review.

An official CDA/ODA working arrangement for the 1993 CDA Annual Convention is to be adopted and a formal document is currently being refined.

The Committee has achieved the following to date:

a) Convention Centre

The Metro Toronto Convention Centre is presently holding all Exhibit and meeting room space for this event. The 1993 Convention Committee is hoping to accommodate 400 booths. Table Clinics will be accommodated in the Exhibit Hall.

b) Convention Hotels

Hotel space is currently reserved at L'Hotel, The Royal York, Sheraton and the Skydome Hotels.

c) Pre and Post Convention Sessions

Preliminary dates have been set for April 28 and May 2 respectively for the above sessions. Space is currently being held at L'Hotel and The Royal York Hotel. These courses will have registration fees and will not be included in the general registration package. Exact time frames have not yet been determined however pre- and post convention sessions will likely be full-day courses with a luncheon break.

d) Social Functions

The Opening Ceremony has tentatively been scheduled for the morning of Thursday, April 29 (10:00 a.m. to 12:00 noon) at the Metro Convention Centre. Entertainment is currently being investigated.

An ODA Dignitaries function has tentatively been scheduled for Sunday, May 1. This suggestion has been submitted to ODA Executive for consideration.

The Official Opening of the 1993 Exhibit Hall is scheduled to follow the Opening Ceremony at noon on Thursday, April 29th.

"Fun Night" is tentatively scheduled for Thursday, April 29th. This will be a ticketed event but no admission charged. Space is currently being held at L'Hotel.

The President's Gala is tentatively scheduled for Friday, April 30th. The Gala event is a "formal affair" and is a ticketed event with a fee being charged. Space is currently being held at L'Hotel.

e) Scientific Program

A preliminary structure for the format of the Scientific Program has been established.

f) Spouses' Program

Nothing formal has been set for this program however it was agreed that the coordination of an 'Exhibit Tour' for spouses/guests by a DIAC representative should be pursued.

g) Peripheral Dental Groups

Specialty Groups and other dental organizations that traditionally meet at the time of the CDA Annual Convention have been contacted to determine their space requirements. Due to conflicting agendas RCDC and CDSPI will not be participating with CDA Conventions in 1993.

h) Registration Fees

There has been a slight increase in fees to guard against inflation.

3. 1994 FDI Convention

The FDI World Dental Congress will be held in Vancouver October 2-8, 1994. Negotiations with hotels and the Convention Centre are underway. Registration will be done through the CDA Conventions in Ottawa.

Several meetings have already taken place between the National Treasurer, Executive Director, CDA, Executive Director, FDI and the General Chairman, FDI 1994.

A great deal of time and effort has (and is currently) being dedicated to develop and finalize the overall program for this event. Our goal is to have the entire program ready and finalized, two years in advance. This will ensure promotional efforts can be undertaken two years out in North America and one and a half years out for the rest of the world.

4. FDI 1992 Berlin

TourCan has been appointed the official travel agent for FDI 1992. Brochures have been designed and printed and were polybagged with the January 1992 issue of the CDA Journal. Two tours, pre- and post-convention, have been developed. The pre-convention tour will take participants through Germany prior to the congress. The post-convention tour includes a trip down the Nile, visits to various parts of Egypt, and an out of country seminar on board a cruise ship.

CDA Convention staff will be processing FDI registrations that reserve through TourCan only.

5. Kenya Safari

Following requests from Canadian dentists for CDA to host out-of-country seminars, CDA Conventions (through TourCan) and the Kenya Dental Association is sponsoring an out of country seminar/tour in Africa from May 30-June 14/92. The 'out of country seminar packages' can be considered an added benefit for members of CDA and is the Kenya Safari is the first in a series which will be developed as demand requires. The seminar to be delivered during the tour will focus on The Aspects of Dental Disease in Relation to Culture, Tradition and Geographical Distribution. The tour section will encompass travel through Kenya and Tanzania. An information brochure detailing the itinerary was sent out with the January 1992 issue of the CDA Journal. Participants are to register for this program directly with TourCan.

6. Maternity Leave, CDA Conventions, Administrative Assistant

Janice Edgar, Administrative Assistant, CDA Conventions will be on maternity leave from January 10, 1992 to July 10, 1992. Christine Leadman has been contracted from December 2, 1991 to September 25, 1992 to continue Janice's work until her return and to work with her throughout the 1992 convention.

Christine Leadman has experience in Association convention planning as well as hotel convention sales.

Respectfully submitted,

Michel Jahjah, D.D.S.,
General Chairman
CDA Conventions

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Convention Committee.

COMMITTEE ON ETHICS

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Col. Morley Deyette, Chairman, Borden
Dr. Blake Creaser, New Germany
Dr. Brian Leroy, Edmonton
Dr. Brian Rocky, Vancouver

Executive Liaison: Dr. Bernie White, Saskatoon

Senior Staff: Mrs. Sandra Deziel

Coordinator: Ms. Bernadette Dacey

1. Committee Meetings

Since the August 1991 Annual Meeting of the Board of Governors, the Committee on Ethics has not met.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Code of Ethics

Due to budget considerations, printing and distribution of the revised Code of Ethics was delayed until 1992. It has now been printed and distributed to all members in February.

3. Smart Cards

The Committee on Ethics of the Canadian Medical Association has initiated activity to research the ethical implications of the use of smart cards and develop a nationally acceptable position. At the present the CDA does not have a policy on this issue but will continue to monitor activity and determine if a CDA position on the subject is appropriate.

4. **Dental Specialties Committee Consultation**

The Dental Specialties Committee is in the process of developing guidelines for the referral process and listing of designations on printed communication and has requested that the Ethics Committee review their draft documents and provide comment. The Ethics Committee is providing appropriate input as requested.

Respectfully submitted,

Col. Morley Deyette
Chairman, Committee on Ethics

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Committee on Ethics.

MANAGEMENT COMMITTEE

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Les Allen, Winnipeg - Chairman
Dr. Bernard Dolansky, Ottawa
Dr. Raymond Wenn, Charlottetown
Dr. Gilles Dubé, Lachute
Mr. Jardine Neilson, Executive Director

Senior Staff: Mrs. Sandra Deziel, Manager, Executive Services

Coordinator: Mrs. Suzanne Burton

1. Committee Meetings

Since the 1991 Annual Meeting of the CDA Board of Governors, the Management Committee has met twice - October 31, 1991 and January 30, 1992. In addition, Management Committee met with the Management Committee of CDSPI on October 30, 1991. Dr. Dubé completed his term on Management Committee at the October/November Executive Council Meeting.

ITEMS REQUIRING BOARD ACTION

2. 1993 Fee Increase - 1993 Provisional Budget

At its 1991 Planning Session, Executive Council examined the current Mission Statement and Goals of the CDA, and proposed revisions to guide and direct the CDA over the next few years.

Following the establishment of the proposed new goals for the Association, the priorities for 1992, established at the previous Planning Session, were revisited. Based on the priorities established at the Planning Session, a draft provisional 1993 budget was prepared and reviewed by Management Committee at its meeting of January 30th. Focusing on cost control essential to financial stability, which has been determined as an overriding priority for the Association, Management Committee identified several realities which have a significant effect on the 1993 budget.

These include:

- 1) Principal and interest payments on financing arrangements;
- 2) Depreciation expense relative to the renovation of the CDA Building;
- 3) A realistically conservative projection of fee revenues;
- 4) An inflation factor between 3.8%-4.2%.

The implications of the foregoing are that if the Association is to continue to offer the full range of services and programs that are being offered in 1992, while presenting a balanced 1993 budget, it must be accomplished with less revenue allocated to these areas. The appended 1993 provisional budget reflects this reality.

Management Committee is sensitive to the need for effective management of available resources due to the fact that such a significant paring of expenses could have a negative effect on the quality and effectiveness of programs and services. In discussion with senior staff and the Executive Council, a decision was made to re-examine the Association's programs and services, with a view to ensuring the provision of sufficient resources to successfully deliver those that are essential, and of high-priority. This exercise may entail the elimination of low priority programs and services. The June meetings of Management Committee and Executive Council will incorporate a budget planning session to achieve this goal. The results of this exercise will be presented to the Board at the 1992 Annual Meeting and an adjusted 1993 budget is anticipated. The 1993 provisional budget presented for Board approval includes the fee increases outlined below, and for budgetary purposes projects no increase in membership from the voluntary provinces. Information presented here for comparison purposes relative to 1991 actuals is in draft form. The 1991 audited financial statements will be presented for Governors' approval at the Annual Meeting.

RESOLVED:

- 92.18** **THAT the active and affiliate membership fees be raised to \$410.00, effective 1993, an increase of \$15.00 (3.8%).**

ADOPTED

Other categories of individual membership will be adjusted in accordance with CDA policy.

In accordance with Board direction, Management Committee examined the Licensing Body Grant and the Corporate Fee for 1993; no increase over the 1992 assessment is recommended. Revenues from student fees are factored at 6% of the active fee as previously approved by Governors.

APPENDIX I

RESOLVED:

- 92.19** **THAT the appended provisional budget for 1993 be approved.**

ADOPTED

3. Future FDI Delegation

At the present time, CDA appoints and funds the attendance of two official delegates to FDI - the CDA President and the FDI National Treasurer for Canada.

The FDI Congress has traditionally been held in the Fall, and occurs at a time of heavy commitment for a CDA President. An Incoming-President is faced with preparation for the Executive Council's Fall Planning Session, attendance at FDI and at the American Dental Association Convention. Management Committee believes that this burden would be lightened by having the Immediate Past-President and the Canadian National Treasurer to FDI form the official delegation to FDI.

The 1994 FDI Congress in Vancouver presents a window of opportunity to effect this change, without the necessity of denying a member of the CDA Management Committee the opportunity of attending the FDI World Congress as an official CDA delegate. This would be accomplished by having the individual who assumes the office of President at the 1994 Annual Meeting of the Board of Governors attend FDI 1995.

RESOLVED:

92.20 THAT commencing with the 1995 FDI Congress, the Immediate Past-President and the FDI Canadian National Treasurer form the Official Canadian Delegation to FDI Congresses.

ADOPTED**ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION****4. CDAnet**

CDAnet has achieved a degree of positive response amongst the dental population. A total of 281 offices and 509 dentists were participating in CDAnet as of January 30, 1992. Difficulties experienced with software vendors have acted as a filter to growth. However, as more recent statistics indicate, progress is evident. CDA is committed to the support required by this program to ensure its continued expansion, while keeping in mind the necessity for cost containment and expense control. As of the end of December, 1991, draft figures indicate expenses for the current year for CDAnet total approximately \$174,000; these expenses have been incurred for the most part in the areas of marketing and program development. The accumulated total expense for CDAnet now stands at approximately \$765,000.

Management Committee reviewed a report on CDAnet royalties received to date from Shared Health. A modest sum approaching \$750 has been received, approximately 50% of which is due to the Ontario Dental Association under the contractual arrangement between CDA and the participating Corporate Members. Concern was expressed with regard to the delay in securing a contractual agreement with NDC. Management Committee will pursue this matter through a conference call with those concerned in the near future.

Difficulties are still arising in the area of employer verification, and CDAnet Chairman Dr. Don MacFarlane will provide additional information to the Board in this area.

5. **1992 Adjusted Budget - Future Financial Stability**

Management Committee reviewed the 1992 budget and approved adjustments to revenue and expenditures at its October and January meetings. Facing the projected drop in revenue, coupled with loan payments initially set at \$280,000, budgeted expenses were reduced and a modest surplus of \$14,000 is now projected.

Over and above the normal elements of CDA operations and programs, Management viewed it as essential to provide a sound mechanism for financing CDAnet, legal expenses relative to the QDSA lawsuit, and the promotion and support of FDI 1994. These three items generate extraordinary expenses which the Association can reasonably expect to recover. Given these facts, the Executive Council approved the conversion of the current line of credit to a 1.5 million dollar five-year term, conventional, commercial mortgage amortized over 20 years. It is Management's belief that this method of financing will ensure CDA's future financial stability and will not jeopardize ongoing high-priority programs, while allowing for the funding of the areas previously mentioned.

APPENDIX II

6. **1991 Adjusted Budget - Financial Statements**

At the 1991 Annual Meeting, information was provided to Governors regarding the CDA financial position, and particularly the need to increase the established line of credit. Subsequent to that meeting, Governors and Corporate Members were provided with the appended resolution of the Executive Council, which enabled an increase in the Association's line of credit to 1.5 million dollars. This line of credit was supported by a collateral first mortgage on the CDA building. As previously indicated, the line of credit is to be converted to a mortgage.

APPENDIX III

Facing financial constraints, at its October Meeting Management Committee, in consultation with CDA senior staff, examined the 1991 budget and made significant adjustments based on the current financial information available. As a result, adjusted revenue and expenditure projected a deficit of approximately \$287,000.

Draft statements of the 1991 year end position project a deficit in excess of \$200,000 exclusive of CDAnet, Convention Operations, and the QDSA Lawsuit. Appended information highlights adjustments made to the 1991 budget and areas where there is a significant variance between budget and year end position.

APPENDIX IV

It must be stressed that the information presented here for comparison purposes is in draft form. The 1991 audited statements will be presented for approval at the 1992 Annual Meeting.

7. CDA Conventions

Management Committee reviewed the draft financial statements for the CDA Convention for 1991. The 1991 Convention in Québec City and the Convention Department operations produced a deficit of approximately \$68,000. This amount includes staff and overhead costs, but excludes some promotional cost relative to the CDA Journal. Significant on the revenue side is the impact of free registration for CDA members. Although draft figures for 1991 indicate a deficit year, the CDA Convention account overall remains in a surplus position.

8. Location of the 1994 Annual Meeting of the Board of Governors

Management Committee has discussed the timing of the 1994 Annual Meeting of the Board of Governors in relation to the FDI Meeting in Vancouver. While the importance of Governors' attendance at the FDI Congress in Canada is recognized, it must be balanced with an anticipated high demand on the President, Management Committee and senior staff relative to FDI activity. Management Committee will further review this item in June, with a view to making a decision in the best interest of a successful FDI Congress in 1994.

9. FDI Subscription Fee

Executive Council approved a recommendation of the Management Committee that the CDA pay the FDI member association subscription for 1992. The amount invoiced by FDI to CDA is the equivalent of approximately \$25,504 and is based on a formula involving several factors, one of which is the number of members in the

Canadian Dental Association. The membership number indicated by FDI is inaccurate and FDI will be asked to re-calculate the appropriate fee based on CDA statistics. It is anticipated that this will result in a lower 1992 member association subscription fee.

10. **NDEB Conference on Testing and Competency Assessment for the National Standard**

A letter from the NDEB requesting financial support for a Symposium on "Testing and Competency Assessment for the National Standard", was reviewed by Management Committee. The Symposium will mark the 40th anniversary of the NDEB and the CDA is looking forward to appropriate participation.

Discussion will continue with the NDEB to clarify the conference program and to identify the most appropriate form of CDA sponsorship.

11. **Donation on Behalf of the MacLean Family**

The Executive Council has approved a donation to the Canadian Dental Foundation in memory of the son of Dr. Al MacLean. The tragic circumstances of this untimely passing warranted an appropriate expression of sympathy from the profession.

12. **Grieve Memorial Lecture**

Dr. Terry Carlyle, President of the Canadian Association of Orthodontists (CAO) has written to CDA, requesting clarification of the management and administration of the Grieve Memorial Lecture Fund. Dr. Bernard Dolansky, Chairman of Nominations, Awards and Trusts has been named by the Management Committee to pursue discussion of this item with Dr. Oleg Kopytov, who will represent the CAO.

13. **CDA Membership Telemarketing**

Management Committee outlined a proposal for a telemarketing project, with the goal of increasing CDA membership in 1992, to the Executive Council. The proposal involves members of the Board of Governors, and Presidents and CEO's of Corporate Members as active participants in a telephone blitz to those non-members of CDA who have been members at some point over the past three years.

This activity would be planned for the Friday evening of the Interim Board. In discussions with Executive Council, it was agreed that correspondence be sent to Corporate Bodies requesting comment on the proposal, and that the CDA President contact the Presidents of the Corporate Members to ascertain whether the proposal would receive a positive response.

14. **CDA Corporate Travel Agency**

Management Committee has approved the appointment of Marlin Travel as the CDA's Corporate Travel Agency. Marlin Travel has 273 offices across Canada and has been in the travel business for 22 years.

CDA travel expenses are considerable and while the arrangements with Marlin have stressed the need for high quality service, they also include the potential for financial savings for the Association. Those who travel on CDA business have been asked to support this arrangement as it accrues financial benefits to the CDA.

15. **CDSPI**

CDA and CDSPI Management Committees met on October 30, 1991 to discuss matters of interest and concern. Items of interest to the Board are reported in the Executive Council report.

16. **Licensing Body Fee - ODO**

The Management Committee is pleased to confirm receipt of the ODO Licensing Body Grant for 1991 of \$20.00 per licensed dentist. The Board of Governors approved the increase in the basis for the grant from \$10.00 to \$20.00 per licensed dentist effective in 1990. Since that time, considerable discussion has taken place with ODO concerning the cost of accreditation and the other services provided by CDA to the Licensing Bodies. It is anticipated that further discussion will define the full range of services provided by the CDA to the ODO and the manner of delivery.

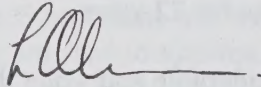
17. **Accreditation Grant - NDEB**

The CDA had requested NDEB to review its 1990 decision regarding funding for accreditation which resulted in a \$18,000 grant to CDA against the CDA assessment of \$36,000. Management Committee anticipates receipt of the full CDA assessment of \$36,000 for 1992.

18. **Cheque Registers - Chairman's Audit**

The Executive Director of the Association reviews monthly cheque registers, detailing disbursements of the CDA. The President-Elect of Management Committee conducts audits of CDA disbursements on a random basis from time to time. The most recent audits included the areas of Convention and the Board of Governors. Cheque registers to December 31, 1991 have been approved by Management Committee.

Respectfully submitted,



Les Allen, B.Comm., D.M.D.
Chairman, Management Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Management Committee.

AN INTRODUCTION TO THE 1993 BUDGET

The following notes are intended to facilitate your review of the 1993 CDA budget.

GENERAL

The 1993 CDA budget is forecast based on developed activity plans, an analysis of the 1991 unaudited financial statements and the experience of staff members in managing the various programs. However, in giving direction to Senior Staff regarding the preparation of the 1993 budget, CDA Executive provided a very simple message: 1993 would quite simply be an extension of 1992, with an overriding necessity of balancing the expected revenues with expenditures. The message was not meant to be in any way facetious, but a recognition that the priorities for the organization were not expected to change substantially in 1993.

Staff were also cautioned that even though it was unlikely non-dues revenue would increase significantly cautioned any membership fee increase must be kept to an inflationary level or below.

The process for developing the budget as a result, went rather smoothly as most areas were simply projected using current actual data and the 1992 revised budget. There were a few areas that did change significantly. These are summarized below for your information.

Members should be reminded that the financial projections contained in this budget represent the best estimates possible at the time of drafting the budget. Programs, however, continue to evolve and assumptions change. The budget will, therefore, likely be subjected to a further review by the Executive Council at the 1992 fall Planning Session.

PRESENTATION

The budget is presented in sections, each with a different degree of detail. In each case, expenses are grouped by service centre. The groupings are Executive Services, encompassing the Board of Governors, Executive Council, Management Committee and other project areas related to the corporate operations of the organization; Professional Services, encompassing those programs that are directly related to the practice of dentistry; Member Services, encompassing those programs that are related more to dental practice management; and Administration.

To the extent possible, expenses normally considered part of "overhead" are allocated to the appropriate project area within each department. However, many expenses of a general nature are included under administration.

Readers should be aware that project area expenses do not include any overhead charges such as staff costs, equipment or other support services. These expenses are grouped under the general administration area and represent a significant cost of operating the various project areas.

Section 1 (page 6) is the projected income statement showing revenue and expenditure by service centre. It shows the "bottom line" as either a surplus or (deficit). For information, a column is included to show the percentage change between the 1993 and 1992 budgets.

Section 2 (pages 7-11) provides more detail showing revenue and expenses by project area. Again, for information, a column is included in this section to show the percentage change between the 1993 and 1992 budgets.

Section 3 (pages 12-16) is the same as section 2 except for the comparative columns that show the budget as a portion of the total budget for 1993 and 1992, respectively.

Section 4 (pages 17-27) provides schedules of more detailed information on revenues and expenditures. Here, the percentage change between the 1993 and 1992 budgets is shown again.

1991 ACTUALS

Included in this presentation, for comparative purposes, are the 1991 "actual" results, an unaudited statement of CDA's revenue and expenditures to December 31, 1991. At the time of presentation, year end audit results were not available. Readers should be cautioned that these numbers are subject to change.

REVENUE

Fees

As noted above, direction was given to keep any membership dues increase to a modest level. This budget incorporates a fee increase of 3.8% or \$15.00 to the active fee with all other fees adjusted accordingly. The budget is forecast using the number of members recorded in 1991.

The increase in student fee income is based on the fact the student fee is now set at 6% of the active member fee. As well, it incorporates a slightly higher estimate than was budgeted for 1992.

Income from corporate fees and licensing body grants was reviewed but no changes were recommended for 1993.

Other Revenue

Most other revenue items were left unchanged or at levels similar to the 1992 budget. Of note, the budget for Consumer Product Recognition income has been increased modestly, by \$5,000. As well, an additional amount of \$5,000 has been added to the Dental Material Recognition income with the understanding that each of these areas will be expanded in the coming year.

Under property income, at the time the budget was prepared, it was anticipated that CDA should be able to rent out the vacant space by 1993. The lower level of income depicts market conditions in Ottawa.

EXPENSES

Again, in most program areas expenses have been kept to levels comparable to 1992. In some cases, where 1991 results suggested it necessary, slightly more significant changes have been made.

Executive Services

The Executive Council budget was increased by 12% in anticipation of additional meeting costs in 1993, partly as a result of the timing of the convention.

President's expenses have been decreased partly based on the geographical location of the President, but also in an attempt to reduce expenses in this area.

The New Projects line was budgeted at \$15,000 less than in 1992, primarily as a result of the need to balance the budget.

Professional Services

The Accreditation budget is comparable to 1992 levels. It represents a sizeable increase from 1991 expenses based on the planned schedule of surveys.

The Consumer Product Recognition Committee has been provided slightly more scope in its budget for extra work expected in this area. As noted in the revenue side, revenue projections are also increased.

The DAT budget has been increased substantially due to increase costs of chalk and fees paid to the American Dental Association.

The Community and Institutional Dentistry budget has been kept at a level consistent with 1992 but below 1991 actual costs. This is in keeping with the anticipated work load.

The Professional Resource Utilization Committee budget has been set at a level necessary to maintain the program, although it is slightly less than previous years.

Member Services

The Government Relations budget has been increased modestly based on planned activities.

It should be noted the Information Services area encompasses a number of individual areas. The increase in the global budget is related primarily to two areas: Merchandise, in anticipation of increased costs of production and to support the development of promotional materials which have been supported by sponsorship in previous years and an increase to the general services budget which has been growing for some time as business has increased.

In 1992, CDA benefited from the generous sponsorship of the Patient Information System provided by Colgate-Palmolive. Much of the cost related to the marketing and promotion of CDA's new pamphlet system was absorbed by Colgate. Overall, the Information Services line item has increased significantly from the 1992 budget, but is below the 1990 actual amount.

Also of note in this area for 1993, as was the case in 1992, the Dental Awareness Special Projects area which is for corporate sponsored programs has been budgeted net at zero dollars. This is in fact a difficult area to predict and results for the past couple of years have been varied. It was therefore deemed appropriate to adopt a very conservative approach in this area.

The Library budget has been increased by approximately 25% in anticipation of continued growth in this area. With additional funding available through the Canadian Dental Foundation grant, the Library has been able to increase its services and introduce new services. This has had a direct impact on costs but is also reflected in revenue from the sale of Library Services.

The Membership budget has been set at \$180,000 for 1993. This budget includes the cost of Membership Services Committee meetings as well as promotion which itself includes the paper campaign, the membership booth, speakers' tours, advertisements, information kits, brochures and other miscellaneous expenditures. It is considered important, and appropriate to note that many of these dollars are spent to promote CDA across Canada and not just in the voluntary provinces. Approximately one quarter of the promotion budget is spent on programs delivered or available to dentists across Canada.

The Publications budget was increased modestly by 2.5%. This represents a significant drop from prior years, where in 1990 and 1991 expenses amounted to over \$890,000. While Communications remains a high priority for CDA, Publications staff believe it is possible, through efficiencies and productivity enhancements to keep the cost of production to these levels.

The Taxation Committee budget was based on anticipated workload.

The Third Party Dental Plans Committee budget was only modestly increased over the 1992 budget level although it is significantly increased over the preliminary 1991 numbers. The budget it is projected on the anticipated workload in this area which includes the Purchaser Information Program or PIP.

Administration

In the area of Staffing, each department's budget has been increased modestly to allow for a small increase in wages to be awarded based on performance. As well, staff areas reflect costs related to an increasing need for training.

It is anticipated that the freeze on hiring at CDA will be carried forward into 1993. The Member Services staff budget does, however, allow for wither the use of freelance writers or the hiring of a full time writer, half through the year. The Professional Services staff budget area has been decreased reflecting adjustments to the staff component in that department.

In both the areas of Operations and Property, increases have been limited to inflationary levels of approximately 2.6%. Comparison to 1991 data is difficult at this time as the 1991 numbers are subject to change. However, the increase of property costs over 1991 results is based on the mortgage payments.

92/2/25

(INC1993)

CANADIAN DENTAL ASSOCIATION

PROJECTED INCOME STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 1993

	1993 Budget	1992 Budget (Adjusted)	1991 Actual (draft)	1991 Budget (Adjusted)	1990 Actual	1993 Budget/ 1992 Budget
REVENUE						
FEES	\$4,135,342	\$3,995,321	\$3,691,857	\$3,624,601	\$3,327,762	103.5%
OTHER	1,718,227	1,614,100	1,493,531	1,425,475	1,641,660	106.5%
TOTAL REVENUE	\$5,853,569	\$5,609,421	\$5,185,388	\$5,050,076	\$4,969,422	104.4%
EXPENSE						
EXECUTIVE SERVICES	\$639,900	\$641,075	\$593,083	\$568,587	\$609,830	99.8%
PROFESSIONAL SERVICES	445,141	378,149	317,845	340,877	360,946	117.7%
MEMBER SERVICES	1,534,179	1,421,155	1,432,715	1,672,686	1,628,140	108.0%
ADMINISTRATION	3,233,940	3,154,840	2,807,714	2,755,873	2,460,752	102.5%
TOTAL EXPENSE	\$5,853,160	\$5,595,219	\$5,151,358	\$5,338,023	\$5,059,668	104.6%
NET SURPLUS / (DEFICIT)	\$409	\$14,202	\$34,030	(\$287,947)	(\$90,245)	2.9%

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CANADIAN DENTAL ASSOCIATION

1993 BUDGET - REVENUE

	1993 Budget	1992 Budget (Adjusted)	1991 Actual (Draft)	1991 Budget (Adjusted)	1990 Actual	1993 Budget/ 1992 Budget
FEES						
Active Fees	\$3,479,670	\$3,352,365	\$3,096,986	\$3,072,340	\$2,743,410	103.8%
Affiliate Fees	157,031	151,285	140,373	138,380	140,528	103.8%
Supporting Fees	13,940	13,430	11,847	11,895	11,022	103.8%
Retired Fees	11,070	10,665	10,684	9,919	8,951	103.8%
Student Fees	57,293	51,238	39,593	25,397	39,874	111.8%
Corporate Fees	131,148	131,148	108,305	111,390	109,465	100.0%
Licensing Body Grants	280,190	280,190	280,190	251,780	270,950	100.0%
FDI Fees	5,000	5,000	3,880	3,500	3,561	100.0%
Total	\$4,135,342	\$3,995,321	\$3,691,857	\$3,624,601	\$3,327,762	103.5%
OTHER						
Accreditation Surveys	\$79,600	\$79,600	\$55,000	\$72,700	\$67,450	100.0%
Consumer Product Recognition	45,000	40,000	45,000	36,000	44,500	112.5%
D A T	300,000	300,000	277,755	285,000	206,018	100.0%
Dental Material Recognition	5,000	0	0	0	0	
Information Services	207,000	200,000	128,331	138,400	201,661	103.5%
Library Services	193,500	193,500	221,981	143,100	181,472	100.0%
Conferences & Seminars	62,000	55,000	62,455	51,400	83,030	112.7%
Journal	666,000	640,000	599,287	615,000	564,351	104.1%
Property	79,127	25,000	29,127	25,875	73,652	316.5%
Interest	30,000	30,000	8,734	6,000	147,278	100.0%
Other	51,000	51,000	65,860	52,000	72,248	100.0%
Total	\$1,718,227	\$1,614,100	\$1,493,531	\$1,425,475	\$1,641,660	106.5%
GRAND TOTAL	\$5,853,569	\$5,609,421	\$5,185,388	\$5,050,076	\$4,969,422	104.4%

(fexec93)

CANADIAN DENTAL ASSOCIATION
1993 BUDGET - EXPENSE

	1993 Budget	1992 Budget (adjusted)	1991 Actual (draft)	1991 Budget (adjusted)	1990 Actual	1993 Budget/ 1992 Budget
EXECUTIVE SERVICES						
Board of Governors	\$146,309	\$148,947	\$140,451	\$150,270	\$131,461	98.2%
Executive Council	119,065	106,307	104,648	97,489	95,391	112.0%
Management Committee	174,798	170,643	166,113	160,105	202,786	102.4%
President's Expenses	68,855	72,600	76,598	61,220	80,374	94.8%
Constitution & By-Laws	1,500	1,878	1,280	864	1,284	79.9%
F.D.I.	55,788	53,250	62,957	61,921	63,272	104.8%
Intercompany Relations	22,000	20,900	20,115	20,900	20,027	105.3%
Nominations	15,585	15,050	19,453	15,818	15,235	103.6%
Registrars & CEO's	1,000	1,500	0	0	0	66.7%
New Projects	35,000	50,000	1,467	0	0	70.0%
Total	\$639,900	\$641,075	\$593,083	\$568,587	\$609,830	99.8%

fprof93)

CANADIAN DENTAL ASSOCIATION
1993 BUDGET - EXPENSE

	1993 Budget	1992 Budget (adjusted)	1991 Actual (draft)	1991 Budget (adjusted)	1990 Actual	1993 Budget/ 1992 Budget
PROFESSIONAL SERVICES						
Accreditation	\$135,900	\$132,500	\$90,003	\$91,581	\$106,334	102.6%
Consumer Product Recognition	16,167	12,500	8,430	9,184	10,322	129.3%
DAT	209,050	150,225	139,343	153,750	151,054	139.2%
Dental Mat. & Devices	9,739	8,700	8,426	9,349	10,415	111.9%
Dental Specialties	7,976	7,500	6,608	6,500	7,279	106.3%
Education	34,807	32,500	27,362	30,868	32,381	107.1%
Ethics	6,053	7,344	5,594	6,088	13,669	82.4%
Commun. & Institution	16,478	14,380	20,007	19,057	16,094	114.6%
PRUC	8,971	12,500	12,072	14,500	13,397	71.8%
Total	\$445,141	\$378,149	\$317,845	\$340,877	\$360,946	117.7%

(fmemb93)

CANADIAN DENTAL ASSOCIATION
1993 BUDGET - EXPENSE

	1993 Budget	1992 Budget (adjusted)	1991 Actual (draft)	1991 Budget (adjusted)	1990 Actual	1993 Budget/ 1992 Budget
MEMBER SERVICES						
Government Relations	\$12,072	\$10,000	\$7,306	\$7,501	\$5,405	120.7%
Info. Services	348,500	291,360	235,728	324,968	460,499	119.6%
Insurance & Investment	3,000	3,000	1,563	1,500	5,834	100.0%
Library	54,946	43,850	43,315	45,000	38,456	125.3%
Membership	180,000	160,000	150,925	223,080	91,408	112.5%
Publications	793,401	774,050	882,077	937,510	893,740	102.5%
Student Affairs	94,193	91,895	84,019	85,915	56,297	102.5%
Taxation Committee	8,872	10,000	3,517	5,512	50,395	88.7%
Third Party Plans	39,195	37,000	24,266	41,700	26,107	105.9%
Total	\$1,534,179	\$1,421,155	\$1,432,715	\$1,672,686	\$1,628,140	108.0%

(fadmin93)	CANADIAN DENTAL ASSOCIATION					
	1993 BUDGET - EXPENSE					
	1993 Budget	1992 Budget (adjusted)	1991 Actual (draft)	1991 Budget (adjusted)	1990 Actual	1993 Budget/ 1992 Budget
ADMINISTRATION						
Executive Staff	\$446,145	\$427,255	\$407,223	\$402,317	\$355,540	104.4%
Prof. Services Staff	424,310	443,365	421,967	424,443	333,592	95.7%
Member Services Staff	720,020	690,600	636,589	630,507	553,668	104.3%
Admin. Staff	496,445	475,600	424,110	423,356	373,264	104.4%
Operations	565,300	551,200	487,677	507,050	483,434	102.6%
Property	581,720	566,820	430,148	368,200	361,254	102.6%
Total	\$3,233,940	\$3,154,840	\$2,807,714	\$2,755,873	\$2,460,752	102.5%

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CANADIAN DENTAL ASSOCIATION
1993 BUDGET - REVENUE

	1993 Budget	1992 Budget (Adjusted)	1991 Actual (Draft)	1993 Budget % of Total	1992 Budget % of Total
FEES					
Active Fees	\$3,479,670	\$3,352,365	\$3,096,986	59.4%	59.8%
Affiliate Fees	157,031	151,285	140,373	2.7%	2.7%
Supporting Fees	13,940	13,430	11,847	0.2%	0.2%
Retired Fees	11,070	10,665	10,684	0.2%	0.2%
Student Fees	57,293	51,238	39,593	1.0%	0.9%
Corporate Fees	131,148	131,148	108,305	2.2%	2.3%
Licensing Body Grants	280,190	280,190	280,190	4.8%	5.0%
FDI Fees	5,000	5,000	3,880	0.1%	0.1%
Total	\$4,135,342	\$3,995,321	\$3,691,857	70.6%	71.2%
OTHER					
Accreditation Surveys	\$79,600	\$79,600	\$55,000	1.4%	1.4%
Consumer Product Recognition	45,000	40,000	45,000	0.8%	0.7%
D A T	300,000	300,000	277,755	5.1%	5.3%
Dental Material Recognition	5,000	0	0	0.1%	0.0%
Information Services	207,000	200,000	128,331	3.5%	3.6%
Library Services	193,500	193,500	221,981	3.3%	3.4%
Conferences & Seminars	62,000	55,000	62,455	1.1%	1.0%
Journal	666,000	640,000	599,287	11.4%	11.4%
Property	79,127	25,000	29,127	1.4%	0.4%
Interest	30,000	30,000	8,734	0.5%	0.5%
Other	51,000	51,000	65,860	0.9%	0.9%
Total	\$1,718,227	\$1,614,100	\$1,493,531	29.4%	28.8%
GRAND TOTAL	\$5,853,569	\$5,609,421	\$5,185,388	100.0%	100.0%

(zexec93)

CANADIAN DENTAL ASSOCIATION
1993 BUDGET - EXPENSE

	1993 Budget	1992 Budget (adjusted)	1991 Actual (draft)	1993 Budget % of Total	1992 Budget % of Total
EXECUTIVE SERVICES					
Board of Governors	\$146,309	\$148,947	\$140,451	2.5%	2.7%
Executive Council	119,065	106,307	104,648	2.0%	1.9%
Management Committee	174,798	170,643	166,113	3.0%	3.0%
President's Expenses	68,855	72,600	76,598	1.2%	1.3%
Constitution & By-Laws	1,500	1,878	1,280	0.0%	0.0%
F.D.I.	55,788	53,250	62,957	1.0%	1.0%
Intercompany Relations	22,000	20,900	20,115	0.4%	0.4%
Nominations	15,585	15,050	19,453	0.3%	0.3%
Registrars & CEOs	1,000	1,500	0	0.0%	0.0%
New Projects	35,000	50,000	1,467	0.6%	0.9%
Total	\$639,900	\$641,075	\$593,083	10.9%	11.5%
	\$1,279,800	\$1,282,150	\$1,186,167	21.9%	22.9%

CANADIAN DENTAL ASSOCIATION

(zprof93)

1993 BUDGET - EXPENSE

	1993 Budget	1992 Budget (adjusted)	1991 Actual (to Dec.31)	1993 Budget % of Total	1992 Budget % of Total
PROFESSIONAL SERVICES					
Accreditation	\$135,900	\$132,500	\$90,003	2.3%	2.4%
Consumer Product Recognition	16,167	12,500	8,430	0.3%	0.2%
DAT	209,050	150,225	139,343	3.6%	2.7%
Dental Mat. & Devices	9,739	8,700	8,426	0.2%	0.2%
Dental Specialties	7,976	7,500	6,608	0.1%	0.1%
Education	34,807	32,500	27,362	0.6%	0.6%
Ethics	6,053	7,344	5,594	0.1%	0.1%
Commun. & Institution	16,478	14,380	20,007	0.3%	0.3%
PRUC	8,971	12,500	12,072	0.2%	0.2%
Total	\$445,141	\$378,149	\$317,845	7.6%	6.8%

2/27

(zmemb93)

CANADIAN DENTAL ASSOCIATION
1993 BUDGET - EXPENSE

	1993 Budget	1992 Budget (adjusted)	1991 Actual (draft)	1993 Budget % of Total	1992 Budget % of Total
MEMBER SERVICES					
Government Relations	\$12,072	\$10,000	\$7,306	0.2%	0.2%
Info. Services	348,500	291,360	235,728	6.0%	5.2%
Insurance & Investment	3,000	3,000	1,563	0.1%	0.1%
Library	54,946	43,850	43,315	0.9%	0.8%
Membership	180,000	160,000	150,925	3.1%	2.9%
Publications	793,401	774,050	882,077	13.6%	13.8%
Student Affairs	94,193	91,895	84,019	1.6%	1.6%
Taxation Committee	8,872	10,000	3,517	0.2%	0.2%
Third Party Plans	39,195	37,000	24,266	0.7%	0.7%
Total	\$1,534,179	\$1,421,155	\$1,432,715	26.2%	25.4%

CANADIAN DENTAL ASSOCIATION
1993 BUDGET - EXPENSE

(zadmin93)

	1993 Budget	1992 Budget (adjusted)	1991 Actual (draft)	1993 Budget % of Total	1992 Budget % of Total
ADMINISTRATION					
Executive Staff	\$446,145	\$427,255	\$407,223	7.6%	7.6%
Prof. Services Staff	424,310	443,365	421,967	7.2%	7.9%
Member Services Staff	720,020	690,600	636,589	12.3%	12.3%
Admin. Staff	496,445	475,600	424,110	8.5%	8.5%
Operations	565,300	551,200	487,677	9.7%	9.9%
Property	581,720	566,820	430,148	9.9%	10.1%
Total	\$3,233,940	\$3,154,840	\$2,807,714	55.3%	56.4%

REVBGT93

CANADIAN DENTAL ASSOCIATION
1993 BUDGET - REVENUE

	1993 Budget	1992 Budget (Adjusted)	1991 Actual (Draft)	1991 Budget (Adjusted)	1990 Actual	1993 Budget/ 1992 Budget
FEES						
Active Fees - Newfoundland	\$56,170	\$54,115	\$50,005	\$50,005	\$43,230	103.8%
Active Fees - P.E.I.	18,450	17,775	16,425	17,520	14,850	103.8%
Active Fees - Nova Scotia	169,330	163,135	150,745	141,255	133,320	103.8%
Active Fees - N.B.	90,200	86,900	80,300	74,095	66,000	103.8%
Active Fees - Quebec	390,730	376,435	347,679	370,725	298,838	103.8%
Active Fees - Ontario	1,081,580	1,042,010	962,223	993,780	886,590	103.8%
Active Fees - Manitoba	200,900	193,550	178,850	171,185	158,070	103.8%
Active Fees - Saskatchewan	136,530	131,535	121,590	123,005	106,590	103.8%
Active Fees - Alberta	535,460	515,870	476,690	465,010	422,273	103.8%
Active Fees - B.C.	800,320	771,040	712,480	665,760	613,650	103.8%
Affiliate Fees - Newfoundland	0	0	0	0	0	
Affiliate Fees - P.E.I.	0	0	0	0	0	
Affiliate Fees - Nova Scotia	0	0	730	0	0	
Affiliate Fees - N.B.	0	0	0	0	0	
Affiliate Fees - Quebec	126,280	121,660	112,450	111,005	113,340	103.8%
Affiliate Fees - Ontario	18,040	17,380	15,695	16,425	13,035	103.8%
Affiliate Fees - Manitoba	0	0	365	0	0	
Affiliate Fees - Saskatchewan	0	0	0	0	0	
Affiliate Fees - Alberta	0	0	0	0	0	
Affiliate Fees - B.C.	0	0	0	0	0	
Affiliate Fees - Other	12,710	12,245	11,133	10,950	14,153	103.8%
Supporting Fees - Newfoundland	0	0	0	183	0	
Supporting Fees - P.E.I.	0	0	0	0	0	
Supporting Fees - Nova Scotia	0	0	183	183	0	
Supporting Fees - N.B.	0	0	0	0	0	
Supporting Fees - Quebec	615	593	1,460	1,464	495	103.8%
Supporting Fees - Ontario	5,125	4,937	3,650	5,490	4,043	103.8%
Supporting Fees - Manitoba	205	198	183	183	165	103.8%
Supporting Fees - Saskatchewan	1,025	988	0	0	825	103.8%
Supporting Fees - Alberta	205	197	0	0	83	103.8%
Supporting Fees - B.C.	0	0	532	183	0	
Supporting Fees - Other	6,765	6,518	5,840	4,209	5,412	103.8%
Retired Fees - Newfoundland	103	99	274	91	83	103.8%
Retired Fees - P.E.I.	103	99	183	91	83	103.8%
Retired Fees - Nova Scotia	103	99	274	91	83	103.8%
Retired Fees - N.B.	205	198	274	91	165	103.8%
Retired Fees - Quebec	1,948	1,876	2,555	2,275	1,568	103.8%
Retired Fees - Ontario	3,895	3,753	4,114	3,185	3,176	103.8%
Retired Fees - Manitoba	103	99	274	455	83	103.8%
Retired Fees - Saskatchewan	0	0	183	273	0	
Retired Fees - Alberta	103	99	730	637	83	103.8%
Retired Fees - B.C.	820	790	1,551	1,820	660	103.8%
Retired Fees - Other	3,690	3,555	274	910	2,970	103.8%

92/2/25

REVBGT93

CANADIAN DENTAL ASSOCIATION
1993 BUDGET - REVENUE

	1993 Budget	1992 Budget (Adjusted)	1991 Actual (Draft)	1991 Budget (Adjusted)	1990 Actual	1993 Budget/ 1992 Budget
Student Fees - Newfoundland	0	0	0	0	0	
Student Fees - P.E.I.	0	0	0	0	0	
Student Fees - Nova Scotia	4,227	3,780	2,921	2,125	2,210	111.8%
Student Fees - N.B.	0	0	0	34	34	
Student Fees - Quebec	21,163	18,926	14,625	9,877	11,848	111.8%
Student Fees - Ontario	12,471	11,153	8,619	7,531	15,436	111.8%
Student Fees - Manitoba	5,774	5,164	3,990	178	221	111.8%
Student Fees - Saskatchewan	3,176	2,841	2,195	1,360	3,264	111.8%
Student Fees - Alberta	4,895	4,378	3,383	2,975	3,332	111.8%
Student Fees - B.C.	5,063	4,528	3,499	1,317	2,805	111.8%
Student Fees - Other	524	468	362	0	724	
Corporate Fees - Newfoundland	1,644	1,644	1,460	1,370	1,380	100.0%
Corporate Fees - P.E.I.	612	612	480	510	480	100.0%
Corporate Fees - Nova Scotia	5,868	5,868	4,180	4,890	4,050	100.0%
Corporate Fees - N.B.	3,360	3,360	2,390	2,800	2,580	100.0%
Corporate Fees - Quebec	16,068	16,068	14,580	13,390	13,390	100.0%
Corporate Fees - Ontario	53,856	53,856	41,440	44,880	44,870	100.0%
Corporate Fees - Manitoba	5,844	5,844	5,060	4,870	4,915	100.0%
Corporate Fees - Saskatchewan	4,428	4,428	3,615	3,690	3,590	100.0%
Corporate Fees - Alberta	16,176	16,176	13,950	13,480	13,720	100.0%
Corporate Fees - B.C.	23,292	23,292	21,150	21,510	20,490	100.0%
Licensing Body Grant - Newfoundland	2,920	2,920	2,920	2,740	2,740	100.0%
Licensing Body Grant - P.E.I.	980	980	980	1,020	980	100.0%
Licensing Body Grant - Nova Scotia	8,360	8,360	8,360	7,780	8,100	100.0%
Licensing Body Grant - N.B.	4,780	4,780	4,780	3,740	4,500	100.0%
Licensing Body Grant - Quebec	61,600	61,600	61,600	41,840	57,400	100.0%
Licensing Body Grant - Ontario	114,000	114,000	114,000	109,780	111,800	100.0%
Licensing Body Grant - Manitoba	10,120	10,120	10,120	9,730	9,830	100.0%
Licensing Body Grant - Saskatchewan	7,230	7,230	7,230	7,370	7,180	100.0%
Licensing Body Grant - Alberta	27,900	27,900	27,900	26,960	27,440	100.0%
Licensing Body Grant - B.C.	42,300	42,300	42,300	40,820	40,980	100.0%
FDI Fees (Receipts less payments)	5,000	5,000	3,880	3,500	3,561	100.0%
Total	\$4,135,342	\$3,995,321	\$3,691,857	\$3,624,601	\$3,327,762	103.5%

REVBGT93

CANADIAN DENTAL ASSOCIATION
1993 BUDGET - REVENUE

	1993 Budget	1992 Budget (Adjusted)	1991 Actual (Draft)	1991 Budget (Adjusted)	1990 Actual	1993 Budget/ 1992 Budget
OTHER						
Accreditation - Colleges	\$23,500	\$23,500	\$0	\$19,100	\$19,600	100.0%
Accreditation - Universities	15,600	15,600	37,000	15,600	15,600	100.0%
Accreditation - Hospitals	4,500	4,500	0	2,000	4,250	100.0%
Accreditation - NDEB Grant	36,000	36,000	18,000	36,000	28,000	100.0%
Consumer Product Recognition - Fees	45,000	40,000	45,000	36,000	44,500	112.5%
D A T - Application Fees	275,000	275,000	248,996	265,000	181,608	100.0%
D A T - Material Sales	25,000	25,000	28,759	20,000	24,410	100.0%
Dental Material Recognition - Fees	5,000	0	0	0	0	
Info. Services - Merchandise Sales	207,000	200,000	128,331	138,400	201,661	103.5%
Library Services - CDF Grant	177,500	179,000	207,817	133,100	171,748	99.2%
Library Services - Charges	16,000	14,500	14,164	10,000	9,724	110.3%
Conf. & Sem. - Teach. - CFDE Grant	11,000	10,000	11,000	12,500	13,033	110.0%
Conf. & Sem. - Stud. - CFDE Grant	11,000	10,000	11,350	12,000	11,000	110.0%
Conf. & Sem. - Annual Conv. (net)	40,000	35,000	35,000	25,000	35,000	114.3%
Conf. & Sem. - Taxation (net)	0	0	322	1,900	23,997	
Conf. & Sem. - Other (net)	0	0	4,784	0	0	
Journal - Commercial Advertising	619,000	596,000	564,976	553,000	533,990	103.9%
Journal - Classified Advertising	22,000	22,000	14,380	30,000	14,942	100.0%
Journal - Subscriptions Sales	23,000	22,000	18,802	30,000	15,496	104.5%
Journal - Reprints Sales	2,000	0	1,130	2,000	-76	
Property - Rental - O.D.S.	3,871	3,750	3,871	2,775	1,200	103.2%
Property - Rental - Wayne Thomas	4,680	2,850	4,680	2,850	2,940	164.2%
Property - Rental - F.M.W.	5,121	3,000	5,121	2,850	2,856	170.7%
Property - Rental - ACFD	7,056	7,000	7,056	5,700	4,400	100.8%
Property - Rental - CFDE	4,800	4,800	4,800	4,500	4,200	100.0%
Property - Rental - New tenant	50,000	0	0	0	670	
Property - Rental - SEVEC	0	0	0	0	28,555	
Property - Rental - Parking	3,600	3,600	3,600	7,200	2,955	100.0%
Property - Rental - Escalations	0	0	0	0	25,836	
Interest - Term Deposits	0	0	0	0	108,576	
Interest - Current Account	30,000	30,000	8,734	6,000	38,702	100.0%
Other - Royalties	25,000	25,000	17,659	25,000	12,191	100.0%
Other - Foreign Exchange	1,000	1,000	2,971	1,000	1,715	100.0%
Other - Miscellaneous	25,000	25,000	45,231	26,000	58,343	100.0%
Total	\$1,718,227	\$1,614,100	\$1,493,531	\$1,425,475	\$1,641,660	106.5%
GRAND TOTAL	\$5,853,569	\$5,609,421	\$5,185,388	\$5,050,076	\$4,969,422	104.4%

92/2/25

(Exec93)

CANADIAN DENTAL ASSOCIATION
1993 BUDGET - EXPENSE

	1993 Budget	1992 Budget (adjusted)	1991 Actual (draft)	1991 Budget (adjusted)	1990 Actual	1993 Budget/ 1992 Budget
EXECUTIVE SERVICES						
Board of Governors/Travel	\$31,800	\$37,100	\$31,855	\$36,000	\$26,458	85.7%
Board Of Governors/Accommodation	28,980	30,960	30,394	33,580	21,169	93.6%
Board of Governors/PD	40,579	38,787	34,035	38,470	35,283	104.6%
Board Of Governors/Other	44,950	42,100	44,167	42,220	48,551	106.8%
Executive Council/Travel	19,600	18,200	12,435	15,500	17,640	107.7%
Executive Council/Accommodation	20,815	15,587	25,438	18,950	28,383	133.5%
Executive Council/PD	54,655	45,000	33,268	37,889	33,431	121.5%
Executive Council/Other	6,500	7,500	8,699	5,500	5,371	86.7%
Executive Council Expense/Travel	3,000	3,000	1,254	2,000	634	100.0%
Executive Council Expense/Accommodation	5,520	5,520	4,792	3,400	1,933	100.0%
Executive Council Expense/PD	2,975	5,500	12,354	7,350	2,650	54.1%
Executive Council Expense/Other	6,000	6,000	6,408	6,900	5,351	100.0%
Management Committee/Travel	5,000	4,000	5,051	1,500	4,526	125.0%
Management Committee/Accommodation	6,140	4,000	9,640	3,360	7,521	153.5%
Management Committee/PD	16,207	12,960	14,184	11,670	21,224	125.1%
Management Committee/Other	2,000	3,500	956	3,500	4,086	57.1%
Management Committee/Honoraria	94,891	91,243	87,735	87,735	84,360	104.0%
Management Committee Expense/Travel	6,000	7,000	4,752	9,000	11,303	85.7%
Management Committee Expense/Accommodati	4,000	5,000	4,066	6,000	7,032	80.0%
Management Committee Expense/PD	17,060	19,440	16,488	19,340	29,372	87.8%
Management Committee Expense/Other	23,500	23,500	23,242	18,000	33,361	100.0%
President's Expenses/Travel	13,000	16,000	14,140	11,500	11,616	81.3%
President's Expenses/Accommodation	9,000	9,000	6,192	9,000	11,610	100.0%
President's Expenses/PD	29,855	29,600	32,612	26,120	33,693	100.9%
President's Expenses/Other	2,000	2,000	1,356	1,000	6,583	100.0%
President's Expenses/Installation	15,000	16,000	22,298	13,600	16,872	93.8%
Constitution & By-Laws/Travel	0	0	0	0	0	
Constitution & By-Laws/Accommodation	0	1,000	0	0	0	0.0%
Constitution & By-Laws/PD	0	378	0	364	0	0.0%
Constitution & By-Laws/Other	1,500	500	1,280	500	1,284	300.0%
F.D.I. - Congress/Travel	13,188	10,150	37,253	27,921	30,744	129.9%
F.D.I. - Congress/Accommodation	16,500	15,500	1,347	7,000	817	106.5%
F.D.I. - Congress/Other	500	2,000	1,804	2,500	6,313	25.0%
F.D.I. - Corporate Fee	22,100	22,100	21,192	21,000	19,476	100.0%
F.D.I. - Administration	3,500	3,500	1,360	3,500	5,922	100.0%
Intercompany Relations/Travel	11,000	10,500	11,499	10,200	7,357	104.8%
Intercompany Relations/Accommodation	9,000	9,900	6,255	10,200	7,507	90.9%
Intercompany Relations/Other	2,000	500	2,361	500	5,163	400.0%

CANADIAN DENTAL ASSOCIATION							
1993 BUDGET - EXPENSE							
(Exec93)	1993	1992	1991	1991	1990	1993 Budget/	
	Budget	Budget	Actual	Budget	Actual	1992 Budget	
		(adjusted)	(draft)	(adjusted)			
Nominations/Travel	5,900	2,400	6,866	2,000	2,925	245.8%	
Nominations/Accommodation	2,920	1,840	2,192	1,840	733	158.7%	
Nominations/PD	853	810	788	778	1,516	105.3%	
Nominations/Other	1,000	500	9,608	3,000	10,060	200.0%	
Nominations/Awards	4,912	9,500	0	8,200	0	51.7%	
Registrars & CEO's/Travel	500	1,000	0	0	0	50.0%	
Registrars & CEO's/Accommodation	500	500	0	0	0	100.0%	
Registrars & CEO's/PD	0	0	0	0	0		
Registrars & CEO's/Other	0	0	0	0	0		
New Projects/Travel	5,000	10,000	906	0	0	50.0%	
New Projects/Accommodation	5,000	10,000	1,915	0	0	50.0%	
New Projects/PD	5,000	10,000	0	0	0	50.0%	
New Projects/Other	20,000	20,000	-1,353	0	0	100.0%	
Total	\$639,900	\$641,075	\$593,083	\$568,587	\$609,830	99.8%	

(prof93)

CANADIAN DENTAL ASSOCIATION
1993 BUDGET - EXPENSE

	1993 Budget	1992 Budget (adjusted)	1991 Actual (draft)	1991 Budget (adjusted)	1990 Actual	1993 Budget/ 1992 Budget
PROFESSIONAL SERVICES						
Accreditation/Travel	\$16,000	\$11,650	\$15,473	\$16,525	\$23,206	137.3%
Accreditation/Accommodation	10,000	9,825	9,945	12,325	11,195	101.8%
Accreditation/PD	7,000	10,080	910	735	5,833	69.4%
Accreditation/Other	1,900	2,500	7,569	0	6,995	76.0%
Accreditation/Projects	0	0	0	0	0	
Accreditation/University Surveys	40,000	52,521	6,604	22,566	32,082	76.2%
Accreditation/College Surveys	50,000	32,968	43,626	31,930	22,026	151.7%
Accreditation/Hospital Surveys	11,000	12,956	5,876	7,500	4,997	84.9%
Consumer Product Recognition/Travel	8,500	4,700	4,541	5,000	6,096	180.9%
Consumer Product Recognition/Accommodation	4,000	2,700	929	1,200	1,373	148.1%
Consumer Product Recognition/PD	3,000	4,600	2,196	2,984	2,020	65.2%
Consumer Product Recognition/Other	667	500	764	0	833	133.4%
Consumer Product Recognition/Program	0	0	0	0	0	
DAT/Travel	19,750	10,500	8,934	13,650	19,289	188.1%
DAT/Accommodation	20,000	7,875	5,345	6,300	8,443	254.0%
DAT/PD	2,000	1,880	3,071	1,500	4,270	106.4%
DAT/Other	2,500	2,500	368	5,000	1,442	100.0%
DAT/Test Program	164,800	127,470	121,625	127,300	117,609	129.3%
Dental Mat. & Devices/Travel	3,500	3,850	4,447	5,233	6,143	90.9%
Dental Mat. & Devices/Accommodation	4,500	2,700	2,221	2,100	2,153	166.7%
Dental Mat. & Devices/PD	1,000	1,400	700	2,016	700	71.4%
Dental Mat. & Devices/Other	739	750	1,058	0	1,419	98.5%
Dental Mat. & Devices/Program	0	0	0	0	0	
Dental Specialties/Travel	4,000	3,100	3,665	4,216	3,949	129.0%
Dental Specialties/Accommodation	1,500	2,000	1,233	800	1,451	75.0%
Dental Specialties/PD	1,976	1,900	1,075	984	1,230	104.0%
Dental Specialties/Other	500	500	635	500	649	100.0%
Education/Travel	6,500	6,785	8,090	7,925	9,615	95.8%
Education/Accommodation	8,500	7,075	3,334	8,870	5,091	120.1%
Education/PD	2,000	2,640	1,100	848	2,460	75.8%
Education/Other	2,000	2,500	1,307	0	2,181	80.0%
Education/Teaching Conference	15,807	13,500	13,531	13,225	13,033	117.1%
Ethics/Travel	2,750	3,300	3,531	2,000	5,574	83.3%
Ethics/Accommodation	1,315	2,400	477	1,760	3,106	54.8%
Ethics/PD	988	1,144	550	828	2,820	86.4%
Ethics/Other	1,000	500	1,036	1,500	2,169	200.0%
Commun. & Institution/Travel	7,000	3,880	8,506	11,000	6,616	180.4%
Commun. & Institution/Accommodation	8,000	4,200	4,986	5,540	4,104	190.5%
Commun. & Institution/PD	1,000	4,300	2,700	2,517	2,455	23.3%
Commun. & Institution/Other	478	2,000	3,815	0	2,919	23.9%

(prof93)

CANADIAN DENTAL ASSOCIATION
1993 BUDGET - EXPENSE

	1993 Budget	1992 Budget (adjusted)	1991 Actual (draft)	1991 Budget (adjusted)	1990 Actual	1993 Budget/ 1992 Budget
PRUC/Travel	3,500	4,530	6,919	4,530	6,756	77.3%
PRUC/Accommodation	2,500	3,330	3,186	3,330	2,143	75.1%
PRUC/PD	2,471	2,140	1,646	2,140	3,806	115.5%
PRUC/Other	500	2,500	323	4,500	692	20.0%
Total	\$445,141	\$378,149	\$317,845	\$340,877	\$360,946	117.7%

(memb93)

CANADIAN DENTAL ASSOCIATION
1993 BUDGET - EXPENSE

	1993 Budget	1992 Budget (adjusted)	1991 Actual (draft)	1991 Budget (adjusted)	1990 Actual	1993 Budget/ 1992 Budget
MEMBER SERVICES						
Government Relations/Travel	\$0	\$600	\$833	\$800	\$11	0.0%
Government Relations/Accommodation	0	500	384	800	177	0.0%
Government Relations/PD	1,706	1,720	0	1,368	0	99.2%
Government Relations/Other	6,500	3,000	5,775	1,525	3,510	216.7%
Ad Hoc Com. on MSB/Travel	1,600	1,600	291	1,300	735	100.0%
Ad Hoc Com. on MSB/Accommodation	460	460	0	570	212	100.0%
Ad Hoc Com. on MSB/PD	1,706	1,620	0	638	758	105.3%
Ad Hoc Com. on MSB/Other	100	500	23	500	3	20.0%
Info. Services/Travel	5,100	4,000	7,160	10,000	17,539	127.5%
Info. Services/Accommodation	5,100	4,000	1,556	10,000	5,113	127.5%
Info. Services/PD	10,250	10,000	11,923	10,000	16,951	102.5%
Info. Services/Other	2,050	2,000	12,460	5,000	54,200	102.5%
Info. Services/DHM	15,375	15,000	3,523	15,000	23,555	102.5%
Info. Services/DAP	80,000	80,000	109,812	110,000	121,235	100.0%
Info. Services/DAPS	0	0	-63,351	0	10,881	
Info. Services/Merchandise	180,000	151,360	125,715	139,968	178,252	118.9%
Info. Services/Services	50,625	25,000	26,930	25,000	32,774	202.5%
Insurance & Investment/Travel	0	0	932	0	1,598	102.5%
Insurance & Investment/Accommodation	0	0	124	0	485	102.5%
Insurance & Investment/PD	0	0	0	0	1,895	102.5%
Insurance & Investment/Other	3,000	3,000	506	1,500	1,856	100.0%
Library/Services	54,946	43,850	43,315	45,000	38,456	125.3%
Membership/Travel	4,100	4,000	2,175	2,000	38	102.5%
Membership/Accommodation	4,100	4,000	415	2,000	173	102.5%
Membership/PD	3,485	3,400	1,375	1,000	795	102.5%
Membership/Other	5,125	5,000	60	5,000	654	102.5%
Membership/Promotion	163,190	143,600	146,901	213,080	89,748	113.6%
Publications/Travel	0	0	0	0	0	102.5%
Publications/Accommodation	0	0	0	0	0	102.5%
Publications/PD	0	0	0	0	0	102.5%
Publications/Other	0	0	17	0	0	
Publications/Newsletter	102,500	100,000	70,871	100,000	80,534	102.5%
Publications/Annual Report & Dir.	0	0	2,320	0	49,798	
Publications/Journal Production	537,151	524,050	646,687	690,510	600,175	102.5%
Publications/Journal Sales	153,750	150,000	162,182	147,000	163,233	102.5%
Student Affairs/Travel	7,570	7,385	7,751	7,000	5,544	102.5%
Student Affairs/Accommodation	7,137	6,963	3,355	6,600	4,123	102.5%
Student Affairs/PD	1,638	1,598	1,189	1,515	1,935	102.5%
Student Affairs/Other	993	969	126	1,800	1,336	102.5%
Student Affairs/Promotion	64,555	62,980	55,501	55,000	31,668	102.5%
Student Affairs/Pract Mgt Manual	0	0	0	0	0	
Student Affairs/Student Conf.	12,300	12,000	16,098	14,000	11,691	102.5%

CANADIAN DENTAL ASSOCIATION
1993 BUDGET - EXPENSE

nemb93)

	1993 Budget	1992 Budget (adjusted)	1991 Actual (draft)	1991 Budget (adjusted)	1990 Actual	1993 Budget/ 1992 Budget
axation Committee/Travel	3,000	4,000	885	2,000	4,605	75.0%
axation Committee/Accommodation	800	1,600	252	1,600	1,015	50.0%
axation Committee/PD	1,572	3,024	728	912	2,450	52.0%
axation Committee/Other	3,500	1,376	1,652	1,000	42,325	254.4%
hird Party Plans/Travel	14,695	12,500	7,440	8,000	5,262	117.6%
hird Party Plans/Accommodation	12,500	12,500	7,078	8,000	2,578	100.0%
hird Party Plans/PD	5,000	5,000	4,973	5,500	2,285	100.0%
hird Party Plans/Other	5,000	5,000	2,103	5,000	4,615	100.0%
hird Party Plans/P I P (Net)	2,000	2,000	2,671	15,200	11,366	100.0%
Total	\$1,534,179	\$1,421,155	\$1,432,715	\$1,672,686	\$1,628,140	108.0%

CANADIAN DENTAL ASSOCIATION

1993 BUDGET - EXPENSE

(admin93)

	1993 Budget	1992 Budget (Adjusted)	1991 Actual (draft)	1991 Budget (Adjusted)	1990 Actual	1993 Budget/ 1992 Budget
ADMINISTRATION						
Executive Staff/Travel	\$11,500	\$11,000	\$13,936	\$10,000	\$9,588	104.5%
Executive Staff/Accommodation	11,500	11,000	6,454	10,000	10,082	104.5%
Executive Staff/Other	9,500	9,000	8,286	2,500	10,558	105.6%
Executive Staff/Payroll	336,648	323,700	314,899	320,167	274,857	104.0%
Executive Staff/Temporary	2,500	2,500	183	2,500	1,107	100.0%
Executive Staff/Benefits	67,497	63,555	60,887	52,150	39,953	106.2%
Executive Staff/Training	3,000	2,500	2,443	2,000	4,779	120.0%
Executive Staff/Advertising & Fees	2,000	2,000	0	2,000	4,275	100.0%
Executive Staff/Miscellaneous	2,000	2,000	134	1,000	342	100.0%
Prof. Services Staff/Travel	10,500	10,000	9,161	5,000	5,878	105.0%
Prof. Services Staff/Accommodation	8,500	8,000	8,524	5,000	7,574	106.3%
Prof. Services Staff/Other	5,500	5,000	6,805	3,000	3,919	110.0%
Prof. Services Staff/Payroll	331,900	355,100	343,450	352,943	263,193	93.5%
Prof. Services Staff/Temporary	2,500	2,500	259	2,500	820	100.0%
Prof. Services Staff/Benefits	58,410	56,265	43,428	41,000	41,291	103.8%
Prof. Services Staff/Training	3,000	2,500	954	2,000	2,399	120.0%
Prof. Services Staff/Advertising & Fees	2,000	2,000	4,200	2,000	3,218	100.0%
Prof. Services Staff/Miscellaneous	2,000	2,000	5,386	11,000	5,300	100.0%
Member Services Staff/Travel	9,500	9,000	8,223	4,000	3,252	105.6%
Member Services Staff/Accommodation	7,500	7,000	5,148	4,000	2,678	107.1%
Member Services Staff/Other	6,500	6,000	4,651	6,000	3,974	108.3%
Member Services Staff/Payroll	574,800	552,700	506,411	533,807	435,382	104.0%
Member Services Staff/Temporary	22,500	21,000	20,287	10,000	20,916	107.1%
Member Services Staff/Benefits	86,220	82,900	72,278	67,700	62,362	104.0%
Member Services Staff/Training	5,000	4,000	2,076	2,000	3,818	125.0%
Member Services Staff/Advertising & Fee	6,000	6,000	2,902	2,000	6,047	100.0%
Member Services Staff/Miscellaneous	2,000	2,000	14,613	1,000	15,239	100.0%
Admin. Staff/Travel	3,500	3,500	2,915	2,000	866	100.0%
Admin. Staff/Accommodation	3,000	2,500	2,466	2,000	1,768	120.0%
Admin. Staff/Other	3,000	2,500	2,522	3,000	309	120.0%
Admin. Staff/Payroll	406,300	390,600	353,933	359,956	298,256	104.0%
Admin. Staff/Temporary	4,000	4,000	2,591	5,000	3,253	100.0%
Admin. Staff/Benefits	68,145	64,500	60,543	46,400	51,409	105.7%
Admin. Staff/Training	4,500	4,000	121	2,000	2,908	112.5%
Admin. Staff/Advertising & Fees	2,000	2,000	0	2,000	7,865	100.0%
Admin. Staff/Miscellaneous	2,000	2,000	-980	1,000	6,630	100.0%

CANADIAN DENTAL ASSOCIATION
1993 BUDGET - EXPENSE

(admin93)

	1993 Budget	1992 Budget (Adjusted)	1991 Actual (draft)	1991 Budget (Adjusted)	1990 Actual	1993 Budget/ 1992 Budget
Operations/Travel	500	500	163	500	955	100.0%
Operations/Accommodation	500	500	622	500	681	100.0%
Operations/Facility R&C	6,000	5,500	5,238	5,500	6,106	109.1%
Operations/Printing	1,100	1,000	802	2,000	9,826	110.0%
Operations/Photocopying	1,600	1,500	1,423	500	1,158	106.7%
Operations/Translation	500	500	170	500	281	100.0%
Operations/Photography	500	0	-405	0	0	
Operations/Postage	1,800	1,500	1,570	1,500	1,932	120.0%
Operations/Shipping And Delivery	5,000	5,000	4,684	4,000	5,513	100.0%
Operations/Electronic Mail & Fax	10,000	10,000	3,949	15,000	24,707	100.0%
Operations/Legal & Consulting	2,000	2,000	7,063	2,000	17,319	100.0%
Operations/Equip. Purchase & Rental	99,000	99,000	93,588	70,850	162,221	100.0%
Operations/Equip. Maintenance	9,000	8,500	-20,523	13,500	558	105.9%
Operations/Office Supplies	17,500	17,000	15,058	15,000	13,317	102.9%
Operations/Stationary	40,000	38,000	37,560	38,000	42,825	105.3%
Operations/Dues Fees & Subs	1,300	1,200	1,100	1,200	1,079	108.3%
Operations/Software	8,000	8,000	2,984	5,000	5,295	100.0%
Operations/Telephone	121,000	115,000	111,486	115,000	109,227	105.2%
Operations/Admin. Charges	16,000	15,000	14,888	15,000	16,780	106.7%
Operations/G.S.T.	135,000	135,000	115,574	135,000	0	100.0%
Operations/Audit And Financial	18,000	17,000	6,725	15,000	17,000	105.9%
Operations/Equip. Dep'n.	52,000	52,000	51,526	35,000	32,775	100.0%
Operations/Insurance	16,000	15,000	13,097	14,000	15,869	106.7%
Operations/Miscellaneous	3,000	2,500	19,334	2,500	-1,991	120.0%
Property/Rent	16,000	16,000	12,046	12,000	10,109	100.0%
Property/Other	1,200	1,000	13,360	1,000	1,421	120.0%
Property/Legal & Consulting	2,000	2,000	4,655	3,000	25,718	100.0%
Property/Utilities	60,000	58,500	57,025	52,000	52,239	102.6%
Property/HVAC	18,000	17,000	16,141	19,500	3,413	105.9%
Property/Cleaning	24,000	22,500	22,177	24,000	22,368	106.7%
Property/Security & Fire Inspection	3,200	2,500	2,661	5,000	11,420	128.0%
Property/Bldg. Main. & Repairs	12,000	8,000	7,201	10,000	12,233	150.0%
Property/Grounds Maintenance	12,000	10,000	10,454	13,000	18,655	120.0%
Property/Dep'n Expense	179,200	179,200	178,195	108,700	131,794	100.0%
Property/Mortgage	171,620	171,620	32,334	45,000	0	100.0%
Property/Insurance	7,500	6,000	5,211	8,000	6,351	125.0%
Property/Realty Tax	74,000	71,500	68,214	65,000	64,958	103.5%
Property/Miscellaneous	1,000	1,000	474	2,000	574	100.0%
Total	\$3,233,940	\$3,154,840	\$2,807,714	\$2,755,873	\$2,460,752	102.5%

NOTES TO THE 1992 BUDGET ADJUSTMENTS

The 1992 budget was first presented to the Board at the Interim meeting in 1991. At the time the budget carried a deficit of \$18,772.

At the meeting, Board members were advised the budget would be subjected to a review at the 1991 Fall Planning Session. This would enable the 1991-1992 Executive Council an opportunity to adjust the budget to reflect the needs of the day and also permit staff to tune the estimates using more current financial data.

At the Fall meeting, Executive Council members faced the harsh reality that the budget would require more than just tuning. Many of the original projections were now clearly over estimated. Staff advised that for various reasons, but most notably the poor economy, revenue projections were now forecast to be \$300,000 lower than originally estimated. Among the changes: a decrease in the projected income from Affiliate fees (\$24,490), a decrease in Information Services (Merchandise) income (\$50,000), a decrease in Library income (\$62,000), lower conference and seminar income (\$13,200), a drop in property income (\$121,825), and a decrease in interest income (\$32,000). The total changes represented a drop in revenue of \$302,515.

This drop in anticipated revenue spawned a review of expenses and staff reacted with recommendations for expenditure cuts totalling \$184,329. However, the budget still showed a projected deficit of \$136,958.

Executive Council reviewed the staff recommendations, some of which represented significant program cuts, but concluded there was insufficient time at that meeting to consider further changes. They directed the staff to go back, reconsider the revenue projections and then balance the budget.

This exercise was completed and a new budget was presented to Executive Council at their January meeting. It was a balanced budget showing a modest surplus of \$14,202. To get there, staff had recommended a number of adjustments, the most significant of which are summarized below.

REVENUE:

1. Active fees were adjusted to reflect Active Fee revenue in 1991 plus the new fee. There was no adjustment to the number of dentists joining. To date, numbers are low in Ontario and Quebec, but the difference should be made up in the other provinces.
2. In the same way, actual 1991 data was used in conjunction with the 1992 fee to project the income from Affiliate fees.

3. Student fees were adjusted to reflect the increase in fees to 6% of the Active fee, rather than the set fee of \$17.00.
4. Licensing Body Grants revenue was increased to reflect the anticipated payment from the ODQ and adjusted slightly to reflect actual data.
5. Library revenue, from users fees and the CDF grant, was initially reduced anticipating that lower interest rates would mean a lower grant. However, fund performance is strong and Library sales are also increasing so it was considered reasonable to increase the income projections.
6. Journal advertising revenue was increased by \$21,000 based on experience and projected sales.
7. Property revenue was decreased by \$121,825 based on the inability to rent the vacant space.
8. Interest income was initially reduced to zero in anticipation of the negative cash position and the use of the line of credit. However, with the decision to move to a fixed mortgage, CDA will move to a positive cash balance and thus can earn interest again.

EXPENSES:

1. Presidents Expense was increased by \$10,000 to reflect anticipated costs in light of experience.
2. FDI costs were also increased to reflect anticipated costs in light of experience.
3. The Accreditation budget was reduced based on revised projected costs using actual data.
4. The Dental Aptitude Test Program budget was reduced but still reflects the increased chalk costs and the increased processing fees levied by the ADA.
5. Education expenses were reduced to reflect activity based on actual data.
6. The Information Services budget was reduced by \$100,000 in the first round of the budget adjustment representing the postponement of certain new programs and activities but also reflecting the expected decrease in the volume of sales. As well, the special projects area had been netted out at zero.

The changes in the individual budget areas are as follows:

Communication Steering Committee - \$20,000 - down \$14,360
 DHM - \$15,000 - down \$15,000
 DAP - \$80,000 - down \$35,000
 DAPS - \$0 - down from a profit of \$40,000
 Merchandise - \$151,360 - down \$68,640
 General Services - \$25,000 - down \$7,000

7. The Membership budget was initially increased and then decreased to \$160,000. Revisions to planned activities had actually called for a substantially increased budget, close to \$250,000.

The proposed breakdown of budget is:

Paper Campaign	\$ 34,600
Speaker Tour	\$ 15,000
Ads	\$ 35,000
Brochure	\$ 30,000
Committee	\$ 11,400
Booth	\$ 15,000
Kits	\$ 15,000
Miscellaneous	\$ 4,000

TOTAL	\$160,000
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8. Publications expense was reduced by \$150,000 in the initial review of the budget, to be achieved primarily through decreased Journal Production costs.

Individual items are as follows:

Journal Production - \$524,050 - down \$87,150
 Journal Sales Expense - \$150,000 - up \$62,000
 Communiqué & Annual Report - \$100,000 - down \$80,000
 Miscellaneous - \$0 - down \$1,000

(NOTE: There was some confusion in this area in that the original budget submitted for the publications area was set at \$924,050. It was thought to include the library budget, but department staff advise that it was inadvertently left out of the global budget. Hence, the Library budget of \$43,850 was added. As well, it was broken out as a separate line item for clarification.)

9. The Student Affairs' budget was increased by \$15,000 to reflect increased promotion costs including sponsoring dinners for graduates at all dental schools. In 1991 dinners were held at 5 schools.

10. The Third Party area was decreased, consistent with planned changes in activities, including reduced programming in the area of the Purchaser Information Program.

11. Budgeted staff costs, which include payroll, benefits, training, temporary help and staff travel, taken as a whole, have been reduced slightly from original projections. The budget allows for CDA to maintain its current staff, and to hire a new Marketing Manager. It does not provide sufficient funds to hire a full-time Writer but does provide for free-lance work. There is a freeze on any new positions. The total number of staff, including the Marketing Manager position is now 45.

12. The Operations budget has been pared representing a number of adjustments including a reduction in the budget for new equipment, which in part relates to the decision to not hire new staff.

13. The change in Property cost is related primarily to the decision to move to a mortgage from a line of credit. Mortgage payments including principal and interest are projected at \$171,000, whereas interest only payments of \$45,000 were originally projected. At the same time however, depreciation schedules had been set up to write off the building and equipment at a faster rate thus creating a non-cash expense that would have been applied to the outstanding line of credit.

It must be noted that again in 1992 certain projects because of their nature, are not included in the Operating budget. These items are: CDAnet, the Convention, QDSA lawsuit defence expenses and FDI promotion. Each of these items is being considered outside normal operations given that expenses are expected to be recovered.

	Variance (Planning to Jan. Mtg.)	1992 Budget (Jan. Mtg.)	1992 Budget (Planning)	1992 Budget (Interim'91)	1991 Actual (Draft)
REVENUE					
FEES					
Active Fees	20,145	3,352,365	3,332,220	3,332,220	3,096,986
Affiliate Fees	5,135	151,285	146,150	170,640	140,373
Supporting Fees	0	13,430	13,430	13,430	11,847
Retired Fees	0	10,665	10,665	10,665	10,684
Student Fees	13,495	51,238	37,743	37,743	39,593
Corporate Fees	0	131,148	131,148	131,148	108,305
Licensing Body Fees	13,410	280,190	266,780	266,780	280,190
FDI Fees	0	5,000	5,000	5,000	3,880
Total	52,185	3,995,321	3,943,136	3,967,626	3,691,857
OTHER					
Accreditation Surveys	0	79,600	79,600	79,600	55,000
Consumer Product Recognition	0	40,000	40,000	60,000	45,000
D A T	0	300,000	300,000	300,000	277,755
Information Services	0	200,000	200,000	250,000	128,331
Library	43,500	193,500	150,000	212,000	221,981
Conferences & Seminars	0	55,000	55,000	68,200	62,455
Journal	0	640,000	640,000	619,000	599,287
Property	0	25,000	25,000	146,825	29,127
Interest	30,000	30,000	0	32,000	8,734
Other	0	51,000	51,000	51,000	65,860
Total	73,500	1,614,100	1,540,600	1,818,625	1,493,531
GRAND TOTAL	125,685	5,609,421	5,483,736	5,786,251	5,185,388

	Variance (Planning to Jan. Mtg.)	1992 Budget (Jan. Mtg.)	1992 Budget (Planning)	1992 Budget (Interim'91)	1991 Actual (Draft)
EXPENSES					
EXECUTIVE SERVICES					
Board of Governors	0	148,947	148,947	148,947	140,451
Executive Council	0	106,307	106,307	106,307	106,116
Management Committee	0	170,643	170,643	170,643	166,113
President's Expenses	-10,000	72,600	62,600	62,600	76,598
Constitution & By-laws	0	1,878	1,878	1,878	1,280
F.D.I.	-10,000	53,250	43,250	53,250	62,957
Intercorporate Relations	0	20,900	20,900	11,500	20,115
Nominations	0	15,050	15,050	15,050	19,453
Registrar's & CEOs Conf.	-1,500	1,500	0	0	0
Spokespersons	1,500	0	1,500	1,500	0
New Projects	0	50,000	50,000	73,300	0
Total	-20,000	641,075	621,075	644,975	593,083
PROFESSIONAL SERVICES					
Accreditation	10,000	132,500	142,500	157,405	90,004
Consumer Product Recognition	0	12,500	12,500	19,100	8,430
DAT	10,000	150,225	160,225	162,225	139,342
Dental Materials & Devices	0	8,700	8,700	8,700	8,426
Dental Specialties	0	7,500	7,500	8,900	6,607
Education	5,000	32,500	37,500	40,315	27,362
Ethics	0	7,344	7,344	7,344	5,593
Community & Institutional Dentistr	0	14,380	14,380	17,380	20,008
PRUC	0	12,500	12,500	12,500	12,074
Salaried Dentists	0	0	0	0	0
Total	25,000	378,149	403,149	433,869	317,845

	Variance (Planning to Jan. Mtg.)	1992 Budget (Jan. Mtg.)	1992 Budget (Planning)	1992 Budget (Interim '91)	1991 Actual (Draft)
MEMBER SERVICES					
Government Relations	0	10,000	10,000	15,520	7,306
Information Services	0	291,360	291,360	391,360	235,728
Insurance & Investment	0	3,000	3,000	3,000	1,563
Library	-43,850	43,850	0	0	43,315
Membership	15,000	160,000	175,000	166,400	150,925
Publications	43,850	774,050	817,900	924,050	882,077
Student Affairs	-15,000	91,895	76,895	76,895	84,019
Taxation	0	10,000	10,000	13,624	3,517
Third Party Plans	8,000	37,000	45,000	83,530	24,266
Total	8,000	1,421,155	1,429,155	1,674,379	1,432,715
ADMINISTRATION					
Staff - Executive Services	-7,500	427,255	419,755	397,600	423,818
Staff - Professional Services	-200	443,365	443,165	414,000	422,878
Staff - Member Services	-31,070	690,600	659,530	770,200	636,779
Staff - Administration	-24,635	475,600	450,965	472,100	425,271
Operations	20,000	551,200	571,200	635,200	468,820
Property	55,880	566,820	622,700	362,700	430,148
Total	12,475	3,154,840	3,167,315	3,051,800	2,807,714
GRAND TOTAL	25,475	5,595,219	5,620,694	5,805,023	5,151,357
NET SURPLUS/-DEFICIT	-151,160	14,202	-136,958	-18,772	34,031
CDA Net - Net	-115,000	-115,000	0	0	-173,954
Convention - Net	0	0	0	0	-68,900
CDIP Lawsuit - Net	-100,000	-100,000	0	0	-47,645
FDI Promotion - Net	-50,000	-50,000	0	0	-10,700
Net Net Surplus/-Deficit	-113,840	-250,798	-136,958	-18,772	-267,168

APPENDIX III

RESOLUTION OF THE EXECUTIVE COUNCIL OF THE CANADIAN DENTAL ASSOCIATION

WHEREAS the Association has maintained a line of credit with the Toronto-Dominion Bank secured by a collateral first mortgage on the lands and premises of the Association located at 1815 Alta Vista Drive in the City of Ottawa, in the amount of \$543,000.00.

AND WHEREAS the Executive Council has established and determined that it is in the interest of the Association to increase the line of credit to \$1,500,000.00.

AND WHEREAS the said Toronto-Dominion Bank has agreed to increase the said line of credit to \$1,500,000.00 provided it receives a new first chattel mortgage in that amount.

AND WHEREAS this Executive Council in its discretion has determined that it is essential to the management of the Association that action be taken forthwith to increase the line of credit accordingly.

NOW THEREFORE BE IT RESOLVED:

- 1. THAT** this Association increase its line of credit with the Toronto-Dominion Bank to \$1,500,000.00.
- 2. THAT** in support of this increased line of credit, this Association give to the Toronto-Dominion Bank, a collateral first mortgage on its lands and premises at 1815 Alta Vista Drive, Ottawa, Ontario in the amount of \$1,500,000.00, with interest thereon to be stated in the mortgage at prime plus 5 1/2% per annum, but in fact to be payable at prime plus 1/2%.
- 3. THAT** the President, Leslie Allen, and the Executive Director, Jardine Neilson, be and the same are hereby authorized to execute the said mortgage on behalf of the Association.

CDA REPORT ON CASH FLOW AND THE NEED TO BORROW FUNDS

In meeting the financial needs of the Association, CDA can access three sources of funding or capital. One is its general operations, the planned revenue and expenditures in a given year; two, it's savings accumulated over time; and three, borrowed capital, a bank loan or line of credit.

In recent years, CDA has operated for the most part using only its operating funds. That is, CDA operated on a year to year basis, covering its acquisitions and program activity out of that year's revenue. This allowed CDA to keep its reserves invested, thus earning interest and to avoid borrowing which of course carries an interest expense. Balanced budgets, with modest surpluses, added to the Association's savings.

In 1989, CDA decided to undertake two fairly large scale projects. The first, a major renovation of its Headquarters property in Ottawa budgeted at a cost \$1.2 million. The second, an investment in the Electronic Data Interchange program, CDANet, estimated at the time to cost \$250,000 to \$300,000.

The investment in CDANet was expected to be of a short term nature with royalty payments generating substantial revenues over the longer term. It was going to be self funding after one to two years. The renovation project was to be paid out of savings and through borrowed capital. It was estimated at the time that CDA would be required to borrow approximately \$500,000, utilizing a line of credit used as necessary to meet cash flow requirements.

The old mortgage on the building, which had been paid down, had nonetheless been kept in place to serve as collateral for future borrowing. It was this mortgage that would support the line of credit.

During 1990, CDA faced various opportunities and needs that required additional funds beyond budgeted operating revenue. Among these was the need to replace the roofing material on the building. Although repairs to the roof had been approved previously, the total cost of the replacement was \$160,000, twice what it was originally expected to cost to repair.

As well, CDA required a new computer system to meet its membership database needs. The current equipment, at the time ten years old, and using even older technology, could not meet CDA's needs, especially in light of the new Communication & Marketing Strategies. The total cost, including software, hardware and training was \$98,000.

Still another use of funds in 1990 was the establishment of a pension fund for CDA's Executive Director. Operating without a pension in place for 6 years, it was necessary to fund prior year contributions, as well as to commit the necessary funds to cover future entitlements. The price tag, \$102,000.

At this point, CDA considered it still financially reasonable to continue operating with a line of credit. Renovations had come in under budget and it appeared CDA would achieve a modest surplus at year end.

With this in mind, CDA made a decision to move ahead with the purchase of office systems furniture. The furniture would complete the renovation process and replace much of the existing furniture, some of which was not only in poor condition but old, and unsuitable to today's electronic offices. Two hundred and eighty thousand dollars was spent.

Unfortunately, expectations for CDANet did not materialize in 1990, expenses continued to accumulate without any revenue being realized. The investment in CDANet at the end of 1990 totalled \$542,000. Not only was it more than originally planned, but anticipated revenue that could have been applied towards other capital investments was not realized.

CDA experienced another setback when it realized a \$90,000 deficit in its general operations. Expenses in the last quarter of 1990, and specifically in the last month were substantially out of proportion. The operating deficit was due to a number of factors: a decision to enhance CDA Publications as a first step toward a total communications strategy, an inability to rent vacant property, a decision to publish a GST manual and a decision to increase staff.

This deficit in operations was compounded with a \$57,000 convention deficit due primarily to the decision to offer the convention at no charge to members.

By the end of 1990, CDA had invested over \$2.2 million in the various programs and capital projects. This depleted its savings and would require CDA to increase its borrowing to \$800,000 to meet cash flow requirements in the following year.

In 1991, there were no additional capital investments in the building or property. However, it also became clear that the original balanced budget represented an unobtainable objective. Revenue projections were reduced significantly and operating expenses were revised and projected to exceed revenue by over \$250,000. The deficit was principally due to unrealized membership growth, no interest income, no property rental income, increased publication costs and increased staff costs.

As well, another \$180,000 was invested in CDANet with basically no revenue earned. The estimated total cost of CDANet by the end of 1991 now totalled more than \$750,000, excluding any staff time or equipment dedicated to this project.

Unfortunately, it didn't stop there. The convention, with another year of no registration fees for members and operating in a voluntary province, experienced a loss of almost \$75,000.

And, in 1991 CDA faced the need to defend itself against a lawsuit initiated by the QDSA in regard to the Canadian Dental Insurance Program. Legal expenses, relative to the defence, added up to \$75,000.

The bottom line at the end of 1991, an additional \$500,000 would be added to the borrowing requirements, bringing the total amount to be borrowed to over \$1.3 million. The actual amount borrowed, still using the line of credit method, actually only amounted to slightly less than \$1 million, but this was due to the timing of payments and cash flow management.

Looking at 1992, in addition to the general operating budget, CDA will continue to invest in the future. While CDANet revenue is expected to begin in earnest in 1992, marketing and further development expenses related particularly to the area of value added services, are budgeted to amount to \$115,000. As well, CDA's defence costs against the QDSA action are expected to amount to some \$100,000. And finally, CDA will be required to invest in promotional activities related to the 1994 FDI congress in Vancouver.

In all three of these above areas, there is a reasonable expectation that funds will be recovered in the future. Nevertheless, CDA must be able to provide the necessary cash to fund these programs in the interim. As a result, Management has decided that in the best interest of the Association, CDA should borrow the necessary funds using a fixed vehicle such as a conventional mortgage and raise its total borrowed capital to \$1.5 million. Such a move, using a 20 year amortization and a five year term will take advantage of lower interest rates, provide financial stability, and provide a window of opportunity to repay a substantial portion of the borrowed funds at the end of the five year term, when CDA should have been able to recover most of its investment.

Canadian Dental Association
Analysis of spending on cash flow

1990

Capital Investments

building	1130	
roof	160	
furniture	280	
computer	98	
pension	102	
total	<u>1770</u>	

CDANet	349	
total	<u>349</u>	

Operations

general	90	
convention	57	
total	<u>147</u>	

Total 1990	<u>2266</u>	
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1991

CDANet	180	
total	<u>180</u>	

Operations

general	250	
convention	75	
total	<u>325</u>	

Total 1991	<u>505</u>	
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1992

CDANet	115	
total	<u>115</u>	

QDSA Lawsuit	100	
total	<u>100</u>	

FDI 1994	50	
	<u>50</u>	

Operations

general	0	
convention	0	
total	<u>0</u>	

Total 1992	<u>265</u>	
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NOTES TO THE 1991 BUDGET ADJUSTMENTS

The 1991 CDA budget has been brought before the Board on the three previous occasions. Each version was presented to the Board with notes explaining how the budget had changed. These notes have been summarized here for your reference.

Interim 1990 Meeting

The 1991 budget was first presented to the Board of Governors at the 1990 Interim Meeting. At that time, a preliminary budget was presented showing a bottom line deficit of \$144,241, excluding an estimated \$125,000 in additional expenses for the new GST. The Board was advised that while the budget represented reasonable needs and projections, the need for a balanced budget was paramount. Accordingly, the Executive would review the budget at its June meeting and, with the benefit of financial results of the previous year for comparison, make necessary adjustments to bring the budget into balance.

Annual 1990

The results of the above exercise were reported to the Board at the Annual meeting in 1990. It was a difficult exercise, but in the end, the budget was adjusted by over \$323,000 and again excluding the factor for GST, a surplus of \$179,084 was now projected.

Adjustments included revised revenue projections totalling \$43,255 and \$280,070 from cuts on the expense side. Cuts included:

- \$110,000 from the Information Services budget (from \$433,968 to \$323,968)
 - \$50,000 from the Staff Expense budget (from \$1,830,350 to \$1,780,350)
 - \$18,000 from the Operations budget (from \$460,050 to \$442,050)
 - \$45,000 from the New Projects (from \$84,000 to \$39,000)
- and various cuts to committee budgets.

Interim 1991 Meeting

At the Interim 1991 meeting, the budget was again included in a presentation to the Board, this time for comparative purposes in regard to the 1992 budget. For convenience, the estimate and expense for GST, noted previously but not integrated into the budget was included in this presentation. Also, an error in the budget presented at the Annual meeting was noted and corrected in this presentation. The budget for the Dental Specialties Committee had been listed as \$4,284 rather than \$9,500, a difference of \$5,216.

The bottom line was therefore a surplus projected to be \$48,868 (\$179,084 - \$125,000 - \$5,216 = \$48,868).

Interim 1992

The most recent visit with the budget was at the 1991 Planning Session. This review, however, was more a need to project where project areas would likely end-up, as opposed to the estimate of monetary sources and needs done originally. It did, however, reflect actual changes that had to be taken as a result of our cashflow requirements.

This is the document you have today.

The review suggested a drop in revenue expectations of \$119,800 and an increase in expenses of \$217,315. The total change, \$336,815, represented a bottom line deficit of \$287,947.

Interestingly enough, the original budget presented at the Interim 1990 meeting, projected a deficit of \$269,241 after accounting for GST expense.

A full explanation of the several adjustments, or changes in projections, will be offered with the presentation of the audited 1991 financial statements when they are presented to the Board at the 1992 Annual meeting this fall. Briefly, however, those items that significantly affected the numbers are explained below:

REVENUE

1. Membership fee revenue was revised with an increase to the active fee income, but a decrease in the affiliate fee income, based primarily on the ability, or inability, to categorize membership in Québec, but also to reflect actual results from the year before. The original budget was based on preliminary 1990 data.
2. Budgeted DAT revenue was increased based on the increased application fee that was approved mid-year and also on the predicted volume of applications, an increase of \$100,000.
3. Information Services revenue, from Merchandise sales, was decreased to reflect and the use of liquidation sales to reduce inventory of older stock.
4. Property income was reduced significantly as CDA has been unable to rent the vacant space in the Headquarters building.
5. Interest income was reduced significantly as a result of CDA experiencing a negative cash flow position earlier than anticipated.

EXPENSES

1. Originally, the Library expenses were included in the Publications' budget as the Library reported through the Publications Committee. It has since been broken out. The original budget developed by Library staff did not change, but there was some confusion in this area because the global budget developed for the Publications area was thought to include an amount for the Library but the departmental staff thought it was a separate item. The result was the overall publications budget had to be adjusted up to reflect the missing Library costs.

2. The Membership budget was increased by \$140,000 to a total of \$238,080 to cover the cost of the new advertising campaign, the new brochure, the expanded speaker tours, the enhanced "grad pak" or member services binder and the cost of "Grad Dinners". The Grad Dinners portion of the budget, however, was subsequently transferred to the Student Affairs budget.

NOTE: It should be pointed out that Management, during the year, approved an additional amount of up to \$115,000 for a Membership Marketing Campaign. Also, it should be noted that the original 1991 budget included a lump sum of \$100,000 under the area of Staff/Member Services in the Administration budget to be used for staffing and programming in the Communications area to develop the Communications Strategy, which includes Membership Marketing.

3. The Publications budget had to be increased by \$80,000 to offset the increased costs of publishing the Journal.

4. The Student Affairs budget was increased by \$28,400 to enhance membership promotion to student groups. As noted above the budget was also adjusted to include the transfer of budget dollars for the Grad Dinners.

5. The original 1991 staff budgets, based on 1989 data, failed to take into consideration the growth in staff which occurred in 1989 & 1990. As well, factors such as severance payments and maternity leaves also complicated the calculation of payroll numbers. Changes were accordingly projected in all departments. As noted above, the original Member Services Staff budget included a lump sum of \$100,000 for the Strategy; this explains the decrease in this area as opposed to the increases noted in the other departments.

6. The Operations budget was reduced by \$60,000, a decrease made possible by postponing equipment purchases and more tightly controlling miscellaneous overhead expenses.

7. The Property line increased by \$40,000, due primarily to two factors: increased depreciation expense, which is higher due a shorter write-off period, and, an increase in the cost of borrowing, due to the earlier use of the line of credit.

It should be noted that the CDA operating budget does not take into consideration the CDAnet or CDA Convention Department operations, nor does it reflect legal costs related to the QDSA lawsuit. Estimates done at the time of the 1991 budget estimates expenses show \$150,000, an additional investment in CDAnet, a loss in the Convention Department of \$45,000 and legal costs of \$37,5000

These areas are being treated items, of a capital nature, funded by CDA, but with the expectation that monies invested will be recovered in due course. The increased cost of borrowing necessary to finance the items in the interim, however, is reflected in the CDA Operating budget under the Administration budget.

	Variance (Interim'91 to Interim'92)	1991 Budget (Interim'92)	1991 Budget (Interim'91)	1991 Budget (Annual'90)	1991 Budget (Interim'90)
REVENUE					
FEES					
Active Fees	110,000	3,072,340	2,962,340	2,962,340	2,961,245
Affiliate Fees	-85,000	138,380	223,380	223,380	221,189
Supporting Fees	0	11,895	11,895	11,895	11,863
Retired Fees	0	9,919	9,919	9,919	9,952
Student Fees	-2,500	25,397	27,897	27,897	27,897
Corporate Fees	2,100	111,390	109,290	109,290	108,880
Licensing Body Fees	-15,000	251,780	266,780	266,780	267,220
FDI Fees	-1,500	3,500	5,000	5,000	5,000
Total	8,100	3,624,601	3,616,501	3,616,501	3,613,246
OTHER					
Accreditation Surveys	0	72,700	72,700	72,700	72,700
Consumer Product Recognition	-9,000	36,000	45,000	45,000	45,000
D A T	100,000	285,000	185,000	185,000	145,000
Information Services	-76,600	138,400	215,000	215,000	215,000
Library	-10,000	143,100	153,100	153,100	153,100
Conferences & Seminars	-10,000	51,400	61,400	61,400	61,400
Journal	28,000	615,000	587,000	587,000	587,000
Property	-120,000	25,875	145,875	145,875	145,875
Interest	-30,000	6,000	36,000	36,000	36,000
Other	0	52,000	52,000	52,000	52,000
Total	-127,600	1,425,475	1,553,075	1,553,075	1,513,075
GRAND TOTAL	-119,500	5,050,076	5,169,576	5,169,576	5,126,321

	Variance (Interim'91to Interim'92)	1991 Budget (Interim'92)	1991 Budget (Interim'91)	1991 Budget (Annual'90)	1991 Budget (Interim'90)
EXPENSES					
EXECUTIVE SERVICES					
Board of Governors	5,000	150,270	155,270	155,270	155,270
Executive Council	25,000	97,489	122,489	122,489	123,089
Management Committee	9,000	160,105	169,105	169,105	169,105
President's Expenses	5,000	61,220	66,220	66,220	71,720
Constitution & By-laws	1,000	864	1,864	1,864	1,864
F.D.I.	-16,000	61,921	45,921	45,921	52,921
Intercompany Relations	-10,000	20,900	10,900	10,900	10,900
Nominations	-2,000	15,818	13,818	13,818	13,818
Roles & Responsibilities	1,000	0	1,000	1,000	1,000
Spokespersons	2,500	0	2,500	2,500	2,500
New Projects	62,300	0	62,300	62,300	107,300
Total	82,800	568,587	651,387	651,387	709,487
PROFESSIONAL SERVICES					
Accreditation	20,000	91,581	111,581	111,581	111,581
Consumer Product Recognition	4,841	9,184	14,025	14,025	21,525
DAT	-10,000	153,750	143,750	143,750	143,750
Dental Materials & Devices	7,217	9,349	16,566	16,566	19,766
Dental Specialties	3,000	6,500	9,500	4,284	12,084
Education	5,000	30,868	35,868	35,868	35,868
Ethics	5,000	6,088	11,088	11,088	11,088
Community & Institutional Dentistry	-5,000	19,057	14,057	14,057	21,657
PRUC	-2,000	14,500	12,500	12,500	19,370
Salaried Dentists	500	0	500	500	500
Total	28,558	340,877	369,435	364,219	397,189

92/2/25
(REV91BGT.XLS)

CANADIAN DENTAL ASSOCIATION
REVISED 1991 BUDGET

	Variance (Interim'91to Interim'92)	1991 Budget (Interim'92)	1991 Budget (Interim'91)	1991 Budget (Annual'90)	1991 Budget (Interim'90)
MEMBER SERVICES					
Government Relations	5,000	7,501	12,501	12,501	20,501
Information Services	-1,000	324,968	323,968	323,968	433,968
Insurance & Investment	500	1,500	2,000	2,000	2,000
Library	-45,000	45,000	0	0	0
Membership	-125,000	223,080	98,080	98,080	98,080
Publications	-80,000	937,510	857,510	857,510	857,510
Student Affairs	-28,400	85,915	57,515	57,515	60,515
Taxation	5,500	5,512	11,012	11,012	11,012
Third Party Plans	20,000	41,700	61,700	61,700	61,700
Total	-248,400	1,672,686	1,424,286	1,424,286	1,545,286
ADMINISTRATION					
Staff - Executive Services	-64,567	402,317	337,750	337,750	337,750
Staff - Professional Services	-85,943	424,443	338,500	338,500	348,500
Staff - Member Services	66,193	630,507	696,700	696,700	696,700
Staff - Administration	-15,956	423,356	407,400	407,400	447,400
Operations	60,000	507,050	567,050	442,050	460,050
Property	-40,000	368,200	328,200	328,200	328,200
Total	-80,273	2,755,873	2,675,600	2,550,600	2,618,600
GRAND TOTAL	-217,315	5,338,023	5,120,708	4,990,492	5,270,562
NET SURPLUS/-DEFICIT	-336,815	-287,947	48,868	179,084	-144,241
CDANet - Net	-60,000	-175,000	-115,000		
Convention - Net	-45,000	-45,000	0		
CDIP Lawsuit - Net	-37,500	-37,500	0		
FDI Promotion - Net	0	0	0		
NET NET SURPLUS/-DEFICIT	-479,315	-545,447	-66,132		

COMMITTEE ON STUDENT AFFAIRS

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Mrs. Deborah Cooper-Lall, U. of Alberta, Chairman
Mr. Karim Nanji, U. of Toronto, Student Governor
Dr. Kerim Ozcan, London, Ontario, Past Student Governor
Dr. Nicole Baggs, London, Ontario, Past Chairman
Miss Mahnaz Fatahzadeh, U. of British Columbia
Mr. Rod MacLean, U. of Alberta
Mr. Evan Evans, U. of Saskatchewan
Miss Coula Loumbardias, U. of Manitoba
Mr. Harley Eklove, U. of Toronto
Miss Verona Sulja, U. of Western Ontario
Mr. Pascal Terjanian, U. de Montréal
Mr. Tony Chu, McGill U.
Mr. Richard Cloutier, U. Laval
Mr. Marco Chiarot, Dalhousie U.

Executive Liaison: Dr. Toby Gushue, St. John's, Newfoundland

Senior Staff: Miss Linda Teteruck, Director of Communications

Coordinator: Mrs. Win Mobley

1. Committee Meetings

The Committee has met once since the 1991 Annual Meeting, on August 30 and 31, 1991, immediately following the 1991 Canadian Dental Students' Conference, in Quebec City.

ITEMS REQUIRING BOARD ACTION

2. Dental Certification and Licensure

Dr. Nicole Baggs, representing the Committee, attended the Symposium on Dental Certification and Licensure held on August 25-26, 1991. Students are appreciative of the invitation to participate in the Symposium. Since certification and licensure procedures are important to students, and any change to current regulations will impact on them, the CSA requests that it continue to be involved in this current review of certification and licensure in Canada.

RESOLVED:

- 92.21** **THAT student involvement in discussions on certification and licensure continue in the future.**

ADOPTED

Further, the Committee feels to effectively communicate with its peers on matters directly affecting dental students and upcoming CDA student representatives, that students continue to be invited to participate in CDA sponsored symposiums and conferences.

RESOLVED:

- 92.22** **THAT Executive Council consider student participation in all CDA sponsored symposiums or conferences, where the issues addressed have an impact on any facet of dentistry at the student level, for example, education (curriculum), public health, licensure and dentistry's future.**

ADOPTED

3. **Practice Management Seminars**

The Committee is most supportive of the idea of CDA sponsored practice management seminars for senior dental students and new graduates, and urges CDA to continue development of these seminars as quickly as possible.

RESOLVED:

- 92.23** **THAT the CDA continue development of these seminars, and the Communications Steering Committee be encourage to report back to the Committee on Student Affairs at its meetings, on activities in this area.**

The Board of Governors agrees, subject to budgetary considerations.

4. **CDA/CFDE Canadian Dental Students' Conference 1992**

The Committee reviewed at length, ways of reducing expenditures related to meetings and travel. It was felt that by holding the annual students' conference in Ottawa, CDA headquarters could be used as the conference site, and at the same time delegates could view the facilities there. In addition, the offices of the ACFD, NDEB and CFDE would be convenient as well, as these organizations participate in the annual conference. This is departing from the CSA's traditional practice of holding the students' conference on site at a dental school.

RESOLVED:

92.24 **THAT the 1992 CDA/CFDE Canadian Dental Students' Conference be held in Ottawa at CDA Headquarters on September 11 and 12, 1992, to help curtail costs and provide an opportunity for CDA representatives to view the new CDA facilities.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

5. **CSA Position Paper**

The Committee on Student Affairs traditionally presents the student view on subjects considered worthy of focus and discussion in a position paper. Student opinion on certification and licensure in Canada has been recorded in a position paper, which is appended.

APPENDIX I

The paper was presented at the National Dental Examining Board Annual Meeting in November 1991, by Karim Nanji, Student Governor, University of Toronto in his role as CSA liaison to the NDEB. It should be noted that following presentation of the student report to the NDEB, both the Ontario Dental Association and College of Dental Surgeons of British Columbia requested a copy of this report.

6. **Student Column in the CDA Journal**

After initially experiencing difficulty in drawing articles from the student body, response to a schedule for articles from each school was positive, thus creating a bank of articles.

It was decided that the November 1991 student column should contain the student view on the proposed closure of the dental faculty at McGill University. This article was submitted by a McGill student and printed.

7. **Student Membership**

Student memberships for 1991-92 appear to be higher than last year's figure of 96.5%.

Compilation of membership figures this year is not yet complete, due to the late arrival of some memberships, and the fact that the entire student base has been transferred from the Wang membership base to CDA's new VAX System.

8. **American Student Dental Association**

ASDA's Vice President, Dr. Mark Mehrali, attended the Canadian Dental Students' Conference held in Quebec City last August-September.

Dr. Mehrali spoke about issues which students in the United States are addressing - namely licensure, AIDS, post-graduate program selection systems, dental programs and school closures.

9. **Grad Dinners**

The Committee discussed the continuation of CDA dinners and presentations for graduating students, piloted last year in Ontario and Quebec.

Members were pleased to learn that these dinners will be held at all ten dental schools in 1992, and will be jointly funded by CDA and CDSPI. Feedback from students where the dinners were held was very positive, and members from all provinces concluded that it would be in CDA's best interest to promote membership, its benefits, services and activities in both the voluntary and mandatory provinces.

10. **Elections**

The Committee held elections for the positions of Student Governor-Elect and Chairman-Elect. Miss Mahnaz Fatahzadeh, University of British Columbia, and Mr. Marco Chiarot, Dalhousie University, were elected to these respective positions.

11. **McGill Closure**

Concerning the proposed closure of the Faculty of Dentistry, McGill University, the Committee expressed its strongest protestations and deep regret at the University's proposal. The Committee offered its full support to the dental students of McGill in their endeavour to keep the Faculty of Dentistry open.

12. **Next Meeting**

The Committee will hold its interim meeting at CDA Headquarters on April 5, 1992.

Summary

On behalf of the Committee on Student Affairs, I would like to thank the Canadian Dental Association, and Dr. Toby Gushue, Executive Council Liaison, for their continued support of student activities, and for their encouragement of student participation in the Association's ongoing endeavours.

Respectfully submitted,

Deborah Cooper-Lall
Chairman
Committee on Student Affairs

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Student Affairs.

THE CDA COMMITTEE ON STUDENT AFFAIRS (CSA) POSITION PAPER ON THE CERTIFICATION AND LICENSURE ISSUE IN CANADA

This position paper reflects the view of the students of Canadian Dental Faculties. The paper addresses the national certification issue with particular emphasis on the recent decision by the Royal College of Dental Surgeons (RCDS) of Ontario to grant licences to Canadian graduates from U.S. dental school programs contingent upon their writing of the North Eastern Regional Boards (NERB). This decision has sparked a response by various organizations. The students of Canada, collectively numbering approximately 1800 are significantly affected by this decision. They view this issue with concern because the final decision will affect the recent graduates of Canadian faculties of dentistry the most, since many of these U.S. graduates have indicated a desire to practice in Canada.

The students recognize that three major organizations play a pivotal role in this issue: the Canadian Dental Association (CDA), by accrediting the dental faculties oversees the process by which dentists are trained; the provincial licensing bodies, such as the RCDS upon whom it is entrusted to grant licenses to competent practitioners at the provincial level, and ensure public protection; the National Dental Examining Board of Canada (NDEB), is, by an Act of Parliament, the regulatory and certification agency for the dental profession. It is mandated to establish and maintain qualifying conditions for a national standard of competence in dentistry. One of its main activities is the administration of certifying examinations for foreign trained dentists. In fact, the NDEB is the extension of the provincial licensing authorities and as such, is represented by an appointed member of the provincial licensing bodies, including one from the RCDS.

There are two major criticisms of the RCDS decision. Firstly, it was made by a three-member committee of the RCDS without sufficient justification. It is my understanding that this committee has the statutory authority to make such decisions without further approval, but to do so without at least some consultation with other dental organizations is disturbing based on the impact of this decision. Secondly, the decision to choose the NERB as the standard examination procedure appears not to be justified. It should be noted that ten separate board examinations are recognized in the U.S. since a national consensus cannot be reached as to the level of standard that is desired. Why then, did the RCDS choose the NERB examinations as opposed to an examination from another region or another country? This diversified system was also present in Canada at one time, and it was felt that by having an examination procedure instituted by the NDEB, uniformity could be achieved. Practitioner portability privileges was an added advantage.

It is recognized that the Ontario provincial government report on Access to the Professions and Trades in Ontario was critical of the present system of certification by accreditation. The students sympathize with the position that the RCDS is in but at the same time feel that the interim measure that the College has taken does not solve the problem at hand, but raises more issues. The students are aware that the NDEB has been criticized for its administration of the national dental examination, and the apparent low pass:fail ratio. The lack of statistical data regarding success of NDEB applicants in the examination procedure has been another point of concern. The RCDS may therefore purport that their decision was prompted by NDEB's reluctance to change policy but the students view the RCDS decision as being premature.

It is felt that most individuals will strongly agree with Canadian students that foreign trained dentists should write the NDEB exams for three reasons: first of all, uniform assessment of foreign trained dentists is absolutely necessary given the diverse curriculum of training. Canadian students graduating from U.S. dental schools should not be treated any less differently since the issue is not nationality of the applicant, but the training of the individual. Secondly, competency of all foreign applicants has to be established thereby reducing the risk of harm to the public. Possible cases of fraudulent claims highlight the need for the NDEB examinations. Thirdly, given that other professional associations such as the allied health fields also have similar entrance or qualifying examinations, why should dentistry be so lenient and depart from this philosophy?

It is well known that the number of Canadian students studying dentistry in the United States has dramatically increased in the last two years. This situation is partly due to the enrolment cutbacks in Canadian dental schools and the increased interest in the field of dentistry. It is estimated that at Canadian dental schools, the applicant:placement ratio is closer to 10:1. Further, the possible closure of McGill University Dental Faculty in Montreal, Quebec, will only serve to increase this ratio.

The situation in the U.S. is unfortunately quite the opposite with U.S. dental schools actively recruiting candidates, through various programs, since declining enrolment has affected student numbers entering dental school. One recent estimate of the applicant:placement ratio in U.S. dental schools was found to be 1.2:1, suggesting that almost every candidate who applies, obtains a position. There are an estimated 300 Canadian students already studying in U.S. dental institutions of which over eighty percent have expressed an interest in returning to Canada.

This decision by the RCDS has affected the total group dynamics of the dental profession by encouraging Canadian students who are unsuccessful at obtaining a position in a Canadian university to simply apply to a U.S. dental faculty. As noted previously, acceptance is virtually guaranteed and after the completion of their studies, access to licensure is made much easier by the present system created by the RCDS. Canadian dental faculties in their candidate selection process consider numerous factors including manual dexterity, grades and interviews. The students are not advocating that these are the best

determinants for success in generating competent practitioners, but until more appropriate factors are found, their use is likely to continue. Based upon the preceding discussion, it is only legitimate to question the calibre of these students going to the U.S. for their education. In addition, it is felt by a majority of the Canadian students that having to go to the U.S. to obtain a dental education is an unfair practice since this avenue is only available to students who can afford the high cost of dental training in the U.S.. Individuals who are unable to afford the education are forced to apply to Canadian dental schools until successful. Some students in this predicament have applied as many as three times before being successful. If this present situation introduced by the RCDS is allowed to continue, the Canadian students are concerned that our faculties may become mere satellites of U.S. schools.

Another interesting issue that needs to be addressed is the competency of these Canadian graduates from U.S. dental schools. The responsibility of whether these individuals are competent is placed upon a set of examinations, namely the NERB which have neither been scrutinized nor tested for their relevancy by the RCDS.

The RCDS being the largest licensing body in Canada, also raises some concerns that other licensing bodies may follow suit or more importantly, may totally invoke new policies affecting the uniform procedure in place at the present time. It is quite conceivable that the U.S. situation with various separate board examinations may develop in Canada with the ten provincial licensing bodies taking action individually.

Canadian students feel that the decision should have involved more discussion and consultation with all concerned groups and associations. In this regard, the NDEB's decision to integrate an external examination procedure into the existing structure at individual dental faculties is an acceptable and a rational approach to the problem. Last year, this external procedure was tested at three Canadian universities on a pilot project. This is to be repeated at five universities at the end of this academic year before its implementation at all universities. The RCDS decision should have awaited the completion of this pilot project. The students strongly support the NDEB in its efforts to confront the issue and improve the certification process.

The students recognize that the existing structure of certification, solely by accreditation, may seem to be unacceptable since only the process by which the student obtains his/her education is tested and not the individual. It should be pointed out though, that this process has intrinsic evaluation procedures that test the product at numerous times during the course of study. In fact, at all Canadian dental faculties, every procedure that is carried out on a patient is evaluated in detail throughout the academic year and thus indirectly, the product - the student, is being tested. Canadian students therefore cannot support taking the full NDEB examinations since it would be an unnecessary repetition. Also, why should Canadian students studying in a Canadian dental faculty be compelled to change their system for individuals who chose by their own free will to obtain their dental education in another country? In any event, students realize that the report by the Ontario government is critical of this particular aspect and therefore the NDEB's idea to integrate external examining

procedures during the final year of study at Canadian accredited dental schools seems to approach a solution to the problem, by decreasing the perceived inequality of treatment of students in Canadian universities from students having studied in U.S. dental programs.

In conclusion, the aim of all three associations is one: that competent dentists are trained to serve the Canadian public. The RCDS decision has allowed Canadian dentists who obtained their education in the U.S. to practise in Ontario, based on board examinations (NERB) instituted in the U.S. which have been assumed to test the competency of the candidates. It is only a matter of time before the RCDS decision is challenged by other foreign trained dentists who will claim that board examinations instituted in their country of study are comparable to the NERB. The students of Canada sincerely hope that the RCDS will reconsider this issue and reverse their decision.

Respectfully submitted,

Karim M. Nanji
CDA Governor
Committee on Student Affairs

November 1991

TAXATION COMMITTEE

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Robert Hicks, Chairman, Vancouver
Dr. Elizabeth MacSween, Ottawa
Dr. Raymond Wenn, Charlottetown

Executive Liaison: Dr. Bernard Dolansky, Ottawa

Senior Staff: Mrs. Sandra Deziel

Coordinator: Ms. Bernadette Dacey

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

There are no Taxation Committee issues, at the present time, that require Board action. The following items are presented to the Board of Governors for their information.

1. Goodwill in the Sale of a Professional Practice

Following a number of presentations by the Taxation Committee the CDA was pleased to learn on November 5, 1991 that Finance Minister Don Mazankowski announced that GST will no longer apply to the Goodwill component of the sale of a dental practice.

Prior to November 5, 1991, Goodwill was subject to the 7 % GST. This created a significant economic impact primarily on young dentists purchasing dental practices. As we are all aware, Goodwill is a significant component in most sales of dental practices. The Taxation Committee is aware of dental practice sales that required \$13,000 to \$24,000 GST to be paid by the purchaser. Unfortunately, the relief from GST started on November 5, 1991 and practice purchases made prior to that date are not eligible for retroactive treatment (i.e. no refund of the GST paid).

Appended to this report is an article prepared by the Taxation Committee that appeared in the December CDA Communique. The article was reviewed by Revenue Canada staff in the section of Revenue Canada that deals with the application of GST to the sale of dental practices. The accuracy of the article was confirmed by Revenue Canada prior to publication.

APPENDIX I

It is interesting to note that some personnel within Revenue Canada are now questioning whether the Leasehold Agreement portion of the sale of a dental practice is exempt from GST. The Leasehold Agreement portion of a dental practice sale is usually not a major component of the sale price and therefore does not generate the same magnitude of GST as Goodwill did. However, it is most disturbing to have Revenue Canada approve the accuracy of our article which states Leasehold Agreements do not attract GST and then come back and say Leasehold Agreements "may" attract GST.

The Taxation Committee will continue discussions with Revenue Canada on the application of GST on the Leasehold Agreement component of the sale of a dental practice.

2. **Federal Sales Tax Rebate Program**

In the GST legislation a Federal Sales Tax (FST) Rebate Program is identified which provides rebate of the FST paid on inventories held as of January 1, 1991. Fixed orthodontic appliances held in inventory as of January 1, 1991 appear to be eligible for the FST Rebate. The Taxation Committee made a presentation regarding Revenue Canada's interpretation on the eligibility of fixed orthodontic appliances for the rebate.

In November, 1991, CDA received an answer to our May 6, 1991 letter on this issue. Revenue Canada stated that fixed orthodontic appliances are not eligible for the FST rebate. The Taxation Committee does not agree with the reason why Revenue Canada does not support the eligibility of fixed orthodontic appliances for the FST rebate but little can be gained by a further presentation.

3. **Revenue Canada Audits on Dental Practices**

a) **General Comments:**

The number of dental practice audits appears to be less than it has been over the past ten years. This may be due to dental practices' compliance with the tax laws and "shying away" from creative "tax saving" endeavours.

However, the audits that the Taxation Committee have become aware of appear to be directing some of their interest to continuing education expenses. It is important that all dental practitioners become aware of the accepted guidelines for eligibility of deduction of continuing education expenses and that proper documentation and receipts are kept. This subject is covered in CDA Taxation Seminars.

b) Personal Service Corporation

When Professional Management Companies (PMCs) were prevalent, it was important that a spouse who owned shares in the PMC not be employed by the PMC. The spouse shareholder could work in the dental practice but not in the PMC.

The reason for concern of spouse shareholders working for their PMC is that this situation classifies a PMC as a Personal Service Corporation (PSC). The PSC classification results in the loss of the small business taxation rate (i.e. approximately 23% on the first \$200,000). Under these circumstances the PMC (or now the PSC) will be taxed at the highest personal tax rate (i.e. approximately 46%).

Over the years the CDA Taxation Committee has argued that the Personal Service Corporation criteria should not apply to Professional Management Companies, since the legislation never intended it to apply to PMCs.

The Taxation Committee is aware of a PMC under audit which has been classified as a Personal Service Corporation. While the dental practitioner no longer has a PMC due to the effects of the GST, the audit years include 1988, 1989 and 1990 when PMCs were in existence.

As a committee we will be renewing our arguments that PSC classifications should not apply to Professional Management Companies.

4. CDA Taxation Seminars

The Taxation Seminar returns to Vancouver, B.C. on Friday, May 8, 1992 at the Four Seasons Hotel.

Mr. Ron Walsh, C.A. and Dr. Robert Hicks will join forces once again to provide a one-day seminar on current taxation issues as they relate to the practice of dentistry, the dentist and his/her family.

Respectfully submitted,

Robert H. Hicks, D.D.S., M.S.
Chairman, Taxation Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Taxation Committee.

GOODWILL RECEIVES RELIEF FROM GST

Prepared by: **Dr. Robert Hicks**
Chairman, Taxation Committee

In response to a CDA Taxation Committee presentation to the Department of Finance, Finance Minister Don Mazankowski has announced that the Goods and Services Tax (GST) will no longer apply to the Goodwill component in the sale of a dental practice.

After November 5, 1991, the impact of GST on the sale of a dental practice that is primarily involved in providing exempt supplies (services) will be as follows:

Component of the Sale

Dental Supplies	- 7%
Equipment/Furniture	- No GST
Leasehold Agreements	- No GST
Goodwill	- No GST

Most dental practices are primarily involved in providing GST exempt services, with some taxable services (Cosmetic Dentistry, etc) and some zero-rated goods also being provided. The term "primarily" within tax law and its interpretation usually refers to a greater than 50% involvement.

In addition, the \$30,000 small supplier threshold (i.e. when the total annual taxable supplies do not exceed \$30,000, a person is not required to be registered under the GST system and is not required to charge GST on taxable supplies) will be determined without reference to the value of the consideration for a supply of goodwill.

This recent change to the GST requirements relieves a significant hardship on those purchasing dental practices since goodwill costs form a large portion of the sale price.

...2

This amendment to the GST portion of the Excise Tax Act (presented as a Ways and Means Motion in the House of Commons on November 5, 1991) will apply to the supply of Goodwill that is transferred to a recipient after November 5, 1991. Unfortunately, those who purchased Goodwill during the acquisition of a dental practice between January 1, 1991 and November 4, 1991 and paid the GST on the Goodwill component will not be eligible for a refund. The CDA Taxation Committee will be approaching the Department of Finance with a request to have this amendment effective as of January 1, 1991.

The November 5, 1991 Ways and Means Motion also gave relief from GST to another dental-related issue presented by the CDA Taxation Committee. After January 1, 1991 GST was applied to NDEB Certificates provided to graduates of Canadian Dental Faculties. The Minister of Finance announced that such a certificate provided by a body such as the NDEB will now be exempt from GST.

THIRD PARTY DENTAL PLANS COMMITTEE

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Luc Dugal, Chairman, Calgary
Dr. David Anderson, Windsor
Dr. Alf Dean, New Waterford
Dr. David Tobias, Vancouver

Executive Liaison: Dr. Bryun Sigfstead, Edmonton

Coordinator: Ms. Susan Matheson

1. Committee Meetings

The Third Party Dental Plans Committee has met once since the report to the 1991 Annual Meeting: January 17-18, 1992.

2. Liaison Activities

Dr. Dugal met with Irene Klatt of CLHIA in November 1991 to discuss the issue of the Standard Dental Claim Form.

ITEMS REQUIRING BOARD ACTION

3. Uniform System of Coding and List of Services

APPENDIX I

The Third Party Committee continues to dialogue with Provincial Committees and Speciality Committees in order to address future changes to the USCLS.

As an ongoing revision to the USCLS, the following changes are recommended by the Committee for implementation in 1993.

RESOLVED:

92.25 **THAT** the revisions to the USCLS as outlined in Appendix I be accepted, and implemented on January 1, 1993.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. Uniform System of Coding and List of Services

As previously mentioned, the Committee continues to dialogue with the various provincial and national organizations regarding code additions and revisions. The Committee is developing new codes for amalgam bonding and is revising the prophylaxis code and anticipates that revisions will be brought forth at the Annual Meeting in August.

5. Standard Dental Claim Form

The Committee is continuing in its efforts to finalize a camera-ready version of the new Standard Dental Claim Form accepted by the Board in 1990.

The Committee anticipates that the new form will be available later in 1992.

6. Purchaser Information Program

The direction of PIP is involved with the dissemination of information such as the Ads placed in Benefits Canada magazine advertising the Cost Containment Kit. Orders are also received from across Canada for the Direct Reimbursement Kit. Due to budget restrictions, no aggressive activities are being planned. However, requests for information continue to be handled by the CDA PIP office.

7. CDA Prepaid Dental Plans Policy Manual

The Committee will be undertaking the task of revising and updating this manual in 1992-1993.

8. **Closing comments by Chairman**

I would like to welcome the two new members, Dr. Alf Dean and Dr. David Tobias to the Committee. The Committee to date has only met once in 1992 and I look forward to working with the Committee in the coming year.

I would like to thank CDA staff members Susan Matheson and Pat Duminy for their assistance and support.

Respectfully submitted,

Luc Dugal, D.M.D.
Chairman,
Third Party Dental Plans Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Third Party Dental Plans Committee.

USCLS CODES REVISIONS

NEW 39400 **EXPLORATORY ACCESS THROUGH CLINICAL CROWN OF PREVIOUSLY TREATED TOOTH**

- 39410 Exploratory Access
- 39411 Uncomplicated
- 39412 Difficult Access

Requested by CAE and the code represents a common endodontic procedure so that endodontists may better judge whether on not to subject a patient to surgical procedures.

NEW 42340 **SOFT TISSUE RECONTOURING FOR CROWN LENGTHENING**

- 42341 Limited recontouring of tissue per tooth

NEW 42450 **FLAP APPROACH, WITH OSTEOPLASTY/OSTECTOMY FOR CROWN LENGTHENING**

- 42451 Per site

Requested by the Manitoba Dental Association to create a code for the procedure performed when a tooth fractures below the gingiva or to provide root lengthening for crown preparation.

COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members of the CDSPI Board of Directors at December 19, 1991 are:

Dr. J. Brookfield	CDA
Dr. G. F. Copithorne	British Columbia
Dr. J. M. Dillon	Manitoba
Dr. R. J. Markey	CDA
Dr. R. L. Rasmussen	Alberta
Dr. R. R. Schiewe	Ontario
Dr. R. Sexton	Atlantic Provinces
Dr. R. D. Wells	Ontario

Members of the CDSPI Management Committee are:

Dr. M. D. Charendoff	President
Dr. R. L. Moran	Treasurer
Dr. J. N. Wright	Secretary

Observers at the CDSPI Board are:

Dr. D. W. Allen	Prince Edward Island
Dr. C. R. Hill	Saskatchewan
Dr. R. A. Turcotte	New Brunswick
Dr. G. S. Zwicker	Nova Scotia

The Board of Directors of CDSPI met, as the Council on Insurance and Investment of the CDA, on Sunday, August 25th and Monday, August 26th, 1991 in Quebec City and on Friday, December 13th and Saturday, December 14th, 1991 in Toronto. The Council is scheduled to meet next on Friday, April 10th and Saturday, April 11th, 1992 in Toronto.

ITEMS REQUIRING BOARD ACTION

1. AD & D Proposed Amendment

The Council on Insurance and Investment at the last CDSPI Board Meeting, reviewed the addition of an exclusion to the AD & D Policy pertaining to the use of non-prescription drugs. It was felt that this exclusion needed to be added to the policy in order to protect the plan.

RESOLVED:

- 92.26 **THAT "use, inhalation or ingestion of an illicit substance" be added as Sub. (8) as an exclusion in Part 7 of the AD & D Policy No. 119-1414.**

ADOPTED

This exclusion will become effective as at the passing of this amendment by the CDA Board of Governors.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**2. Conversion to Prudential**

As you are aware the CDA approved moving the CDIP Benefit Plans from Metropolitan Life to Prudential Group Assurance Company of England (Canada) effective January 1, 1992. CDSPI as the Administrator, has been working hard since the August Board of Governors Meeting to facilitate this conversion.

At the time of the writing of this report, it is anticipated that the 1992 insurance contracts will be forwarded to the CDA for signature by the end of 1991. In addition, at the time of the writing of this report over 90% of the participants holding Life Policies under CDIP have converted their coverage to Prudential. The remainder we are sure will convert in the early part of January 1992 and we will be following up any conversion letters that are not returned to be sure that the individuals do not lose their coverage inadvertently.

Promotional material regarding the changes in the plan benefits structure has been sent to all participants and invoices for CDIP were mailed the week of December 16, 1991.

At the time of the Board of Governors meeting in April, we will be able to provide a statistical update pertaining to the benefit plans at Prudential.

3. CDA RSP

The CDA RSP, has been the phenomenal success that we all knew it would be. As of the time of the writing of this report contributions to the CDA RSP are almost \$4 million ahead of the same point last year. Only \$800,000.00 of this relates to the increase in contribution limits. The balance is due to transfers in from other RSP's and the opening of 190 new accounts. This is a testimonial to the past year's performance of the plan.

As an example of that performance, if an individual had put money into the RSP on December 13, 1990, and left it for the full year, they would have earned 16.65% return if they had been in the Bond and Mortgage Fund, 9.8% if in the Equity Fund, 9.66% if in the Money Market Fund and 13.91% if in the Balanced Fund.

CDSPI continually monitors the performance of the funds. They are performing in the top quartile when measured against other similar funds in the market place.

The performance of the funds, the recognition of this performance by the profession, and the increased contributions, indicate that the CDA RSP is a phenomenal success and is a first class membership service offered by the Canadian Dental Association.

By the April Board of Governors Meeting, we should be able to provide you with additional statistics pertaining to the 1991 tax year of the plan.

4. Changes to CDIP

As a result of CDSPI continuing negotiations with Prudential, the CDA Executive Council has approved that the CDIP Benefit Plans could be granted to participants, after a medical, with riders and exclusions. This is the first time that this has been done through CDIP. The impact will be tighter financial control of the plan. However, it will also allow participants who were previously not able to obtain coverage under CDIP to obtain some financial protection under the plans.

In addition, the CDA Executive Council has approved the extension of coverage after retirement and giving up one's license under the malpractice plan. This unlimited extension of coverage will be in effect at no charge to participants as long as the CDIP Malpractice is with the Guardian Insurance Company.

These two changes in CDIP will undoubtedly be referred to in the CDA Executive Council or Management Report.

5. CDIP in 1993

At the time of the presentation of this Report in April, CDSPI will have already commenced negotiations with Guardian and Prudential pertaining to CDIP Plans for 1993.

The first meeting pertaining to the general insurance plans with Guardian took place on Thursday, December 19, 1991. The ground work for this renewal commenced at that time and it is our intention that at our CDSPI Board Meeting in April, the 1993 Renewal Proposal will be considered by the Board of Directors of CDSPI for recommendation to the CDA.

The first meeting pertaining to renewal with Prudential is to take place the first week of February 1992. It is our intention to have this renewal completed and presented to the CDA Executive Council in August 1992.

6. CDA/CDSPI Administration Agreements

At the August CDA Board of Governors Meeting, the CDA/CDSPI Administration Agreements were approved.

These Agreements were also approved by the CDSPI Board of Directors in Quebec City.

Now that these Agreements in their new form are in place, there is a clear understanding between CDA and CDSPI as to each organization's responsibilities pertaining to administration services, and council activities.

7. 1991 CDIP Financial Experience

At the time of the writing of this report (prior to the end of December 1991) the 1991 Financial Experience of CDIP is not available because the year has not concluded.

The time table is to have these statements presented to the CDSPI Board at our April 1992 meeting following which it will be forwarded to the CDA Executive Council.

Respectively submitted,

Melvin D. Charendoff, D.D.S., M.S., F.R.C.D.(C)
President, CDSPI
Chairman, Council on Insurance and Investment

FILING OF REPORT

The Board of Governors accepts with appreciation the report the Council on Insurance and Investment.

**COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)
(ADDENDUM)**

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

This addendum to the Council Report is necessary at this time in order to put in place certain proposed plan changes and bring you further up to date on CDIP and CDA RSP activities.

ITEMS REQUIRING BOARD ACTION

1. **AD&D Plan Design Change**

For the past 10 months, CDSPI has been conducting reviews of the current AD&D plan structure and discussions with the insurer to make changes to that design. This was brought about by our recognizing that the benefits could be expanded to better serve the special needs of dentists and their need of eyes and hands to perform.

At our December Board meeting our Board approved in principle the new design and we have just concluded finalizing policy wordings and rates.

A letter of October 29, 1991 outlining the "three levels of benefit" from Seaboard is attached. This describes the benefit concept and provides the rates.

APPENDIX I

Also attached is a specimen endorsement which reflects this new concept.

APPENDIX II

RESOLVED:

92.27 **THAT the Accidental Death and Dismemberment Insurance Plan under CDIP be amended to reflect a three tier benefit structure and accompanying premiums be accordingly charged.**

ADOPTED

It is CDSPI's proposal that once this change is approved we will proceed to market this improved coverage as soon as possible.

2. **Dentists' Staff Plan (DSP)**

The current DSP coverage requires that for eligibility an auxiliary staff member must be working for "an eligible dentist" and for "a minimum of 20 hours per week" at time of application. This was agreed to by the CDA Executive Council in 1991.

**COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)
(ADDENDUM)**

- 2 -

Prudential Group Assurance Co. of England (Canada) - (PRU) the carrier for this plan has indicated that in order to avoid anti-selection and to provide securer underwriting at time of claim the claimant "should be working, or have been working an average of 20 hours per week over the immediately preceding 90 days".

PRU has requested this amendment be considered by CDA (as the policyholder), CDSPI Management Committee have reviewed their request and agree with their wording.

In addition, CDSPI Management Committee feels that "if considered necessary by the circumstances at time of claim, income verification by an accountant can be requested".

RESOLVED:

92.28 THAT the words "a minimum" be added to the following recommendation.

ADOPTED

RESOLVED:

92.29 THAT the Dentists' Staff Plan under CDIP require the claimant to be working on average a minimum of 20 hours per week over the immediately preceding 90 days, and,

FURTHER THAT when considered necessary by the circumstances at time of claim, income verification by an accountant can be requested by the insurer.

The Board of Governors agrees, subject to clarification being provided in writing regarding the application of the 90 days stipulation and waiting period.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. CDA RSP

As at January 21, 1992 the CDA RSP was ahead of last year in total transfers in and contributions by \$4,499,740. Of this, 35% of all money is transfers from other plans. The performance has been excellent and the busy season, at the time of this report has just started. The activity in this area has been exceptional.

**COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)
(ADDENDUM)**

- 3 -

2. **Contract Renewals**

1992 will be a very busy year for contract renewals for 1993.

The first meeting has already taken place with Guardian to discuss the 1993 renewal as well as to discuss some plan redesign and the addition of a new general insurance plan for "computers and media". We hope to bring these changes to the CDSPI Board in April and to the CDA following that meeting for possible mid-year release to the profession - then for January 1, 1993 the regular renewal takes place. You will see these recommendations at your August meeting.

The first meeting for renewal for 1993 and possibly 2 new plans with Prudential in mid 1992 (Income Tax Protector, and RSP Protector) has also taken place and we anticipate a report to our Board in April and on to the CDA for the new plans following that meeting.

The AD&D contract is up for renewal for a 3 year term commencing January 1, 1993. Renewal discussions will commence in mid February.

The contract for the management of the CDA RSP by Canagex Associates (formerly Laurentian Investment Management) and Annuitant holding by Imperial Life expires in September of 1992. We are commencing discussions on this contract in February as well.

3. **CDIP Benefit Plans**

A brief update on activities with Prudential and the Benefit Plans follows:

First and most important, the "surplus funds" have been transferred from Metropolitan to Prudential and TPF&C will be conducting a financial audit of 1991 in 1992 when the financial statements are finished by Met. The statements we have seen at the end of the third quarter of 1991 indicate a continuing of the poor experience based upon the old plan and old premiums.

The Prudential contracts for these plans have been signed by both Prudential and CDA in early January. The high level of co-operation being exhibited by Prudential in a very prompt and businesslike manner plus the genuine interest they are taking in the program is a large plus for CDIP at this time.

At the time of this report we can tell you that 90% of the Life policies were transferred from Metropolitan to Prudential and we have implemented a telemarketing program to speak with each and every one of the remaining unconverted 10%. January 31, 1992 is the final date for conversion.

**COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)
(ADDENDUM)**

- 4 -

There have been no large masses of cancellations as at the time of preparing this addendum. However, we realize that no meaningful figures will be available on renewals and cancellations until the beginning of March 1992. After the second quarter billings we will have a strong indication as to where the plans' participation will level off as a result of increased premiums and moving to Prudential. Our 1992 marketing plan for CDIP is to address the cancellations, increase participants levels of coverage and take a strong positive position for CDIP by introducing new plans.

We will keep CDA Management informed of all meaningful figures on a regular basis as they develop.

4. **Disability Coverage in North America**

APPENDIX III

We attach to this addendum for your information, extracts from a publication entitled "Disability Newsletter". This provides an insight into the North American insurance status of disability insurance. These are the reasons why everyone's disability premiums are or will be rising.

We will be attempting to compile CDIP statistics in a similar manner to compare our actual experience to this format.

Respectively submitted,

Melvin D. Charendoff, D.D.S., M.S., F.R.C.D.(C)
President, CDSPI
Chairman, Council on Insurance and Investment

FILING OF REPORT

The Board of Governors accepts with appreciation the Addendum report of the Council on Insurance and Investment.

APPENDIX I



2235 Sheppard Ave. East
Suite 201
Willowdale, Ontario M2J 5B5
Tel: (416) 498-8319
Facsimile: (416) 498-8892

October 29, 1991

Mr. John Woosley
Towers, Perrin, Forster & Crosby
1100 - 250 Bloor Street East
Toronto, Ontario
M4W 3N3

Dear John:

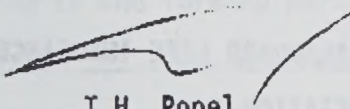
Re: CDA Proposed Benefit Structure

As requested, we have given some thought to the "three levels of benefit". We are in general agreement with Kingsley's comments on this. Our thoughts are:

1. Level one benefits are as currently outlined in our policy. There is no need to change these.
2. If as a result of an accidental injury for which there is no payment under Level 1, the dentist becomes totally disabled and unable to perform the normal duties of his occupation for a period of one year and is then judged to be permanently disabled, he or she would be entitled to 50% of the Principal Sum. A cost for this option would be \$0.09 per \$1,000.00 per year, based on the Principal Sum.
3. For Level 3, we would propose a benefit of 10% of the Principal Sum for loss of or total and permanent loss of use of one complete phalange or one joint between two phalanges of the thumb or index finger of the dominant hand. This would also provide 10% of the Principal Sum for a loss of 30% of the visual acuity on either eye. This benefit would be available if the loss was as result of a covered accidental injury and if no benefits were payable under Levels 1 or 2 of this policy. Cost for this level would be \$0.05 per \$1,000.00 of Principal Sum per year.

Please let me know if the concept and pricing are of interest to the CDA. If so, we would be happy to prepare policy wording for your consideration.

Yours truly,


T.H. Popel
Eastern Regional Manager
Special Marketing Division

THP/dc

195

Member of the nationwide Friends' Provident Insurance Group having assets in excess of 16 billion dollars

ENDORSEMENT

Number _____

is understood and agreed between the Policyholder and the Company that effective _____ the following shall form part of this policy:

PART ^ - PERMANENT TOTAL DISABILITY

If injury shall, within 365 days of the date of the accident causing such injury, totally and permanently disable an Insured Person and prevent him from performing each and every duty pertaining to his/her own occupation in dentistry, the Company will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and permanent at the end of this period, 50% of the Principal Sum less any amount paid or payable under PART 1 - ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS of the policy as the result of the same accident.

It is further understood and agreed that effective _____ PART 1 - ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS is amended to read as follows:

PART 1 - ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If injury shall, within 365 days of the date of the accident causing such injury, result in any of the following losses, the Company will pay for loss of or permanent and total loss of use of:

Member	
Life.....	The Principal Sum
One or Both Hands or Arms.....	The Principal Sum
Entire Sight of One or Both Eyes.....	The Principal Sum
Thumb or Index Finger of Either Hand.....	The Principal Sum
Speech.....	The Principal Sum
Hearing in One or Both Ears.....	The Principal Sum
One or Both Feet or Legs.....	The Principal Sum
All Toes of One Foot.....	25% of The Principal Sum
One Entire Phalange or One Joint Between Two Phalanges of the Thumb or Index Finger of the Dominant Hand.....	10% of The Principal Sum
Partial Loss of Sight of One Eye.....	10% of The Principal Sum
Quadruplegia (complete paralysis of both upper and lower limbs).....	200% of The Principal Sum
Paraplegia (complete paralysis of both lower limbs).....	200% of The Principal Sum
Hemiplegia (complete paralysis of upper and lower limbs of one side of body).....	200% of The Principal Sum

Nothing herein contained shall be held to vary, alter, waive or extend any of the Declarations, Agreements, Exclusions or Conditions of the undermentioned Policy other than as above stated.

Attached to and forming part of Policy No. 119-1414 of SEABOARD LIFE INSURANCE COMPANY
CANADIAN DENTAL ASSOCIATION

Effective date of endorsement _____

SPECIMEN

ENDORSEMENT

Number _____

Family & Full-Time Employees

Life.....	The Principal Sum
Both Hands or Both Feet.....	The Principal Sum
Entire Sight of Both Eyes.....	The Principal Sum
One Hand, One Foot or Entire Sight of One Eye.....	75% of The Principal Sum
Thumb or Index Finger.....	50% of the Principal Sum

"Loss" as above used with reference to hand or foot means complete severance at or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance at or above the elbow or knee joint; as used with reference to thumb and index finger means complete severance at or above the metacarpophalangeal joint; as used with reference to one entire phalange or one joint between two phalanges of the thumb or index finger of the dominant hand means complete severance at or above the proximal interphalangeal joint; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to partial sight of one eye means loss of 30% or more of visual acuity.; as used with reference to speech means the total and irrecoverable loss thereof.

"Loss" as above used with reference to Quadriplegia, Paraplegia and Hemiplegia means the permanent and irrecoverable paralysis of such limbs.

Any indemnity payable for Loss of Use shall be paid only if such loss is permanent, total and irrecoverable and shall have been continuous for a period of twelve months from the date of the accident.

Indemnity provided under this Part will not be paid under any circumstances for more than one of the losses, the greatest, sustained by any one Insured Person as the result of any one accident.

Nothing herein contained shall be held to vary, alter, waive or extend any of the Declarations, Agreements, Exclusions or Conditions of the undermentioned Policy other than as above stated.

Attached to and forming part of Policy No. 119-1414 of SEABOARD LIFE INSURANCE COMPANY
CANADIAN DENTAL ASSOCIATION

Effective date of endorsement _____

SEABOARD LIFE INSURANCE COMPANY
HEAD OFFICE: VANCOUVER, B.C.

197

Registrar

SPECIMEN

Disability Newsletter

APPENDIX III

Milliman & Robertson, Inc.
Actuaries and Consultants
8500 Normandale Lake Boulevard
Suite 1850
Minneapolis, Minnesota 55437
(612) 897-5300

December, 1991

DN-57

The Mental and Nervous Disorder Problem Is It Driving You Crazy?

by David E. Scarlett, FSA, CLU

The U.S. Department of Health and Human Services estimates that the total economic cost of alcohol abuse, drug abuse and mental illness in 1988 was \$273 billion. This included not only the cost of treatment, but also the value of reduced or lost productivity, and the cost of mortality.

This article will give you some additional statistics on the growing mental illness problem in our society, and will show the results of a survey of both individual writers and group disability writers done for the *Disability Newsletter*.

NATIONAL STATISTICS

Much of the medical community considers substance abuse as part of the mental illness problem, and most of the available statistics combine mental illness and substance abuse together. According to the Robert

Wood Johnson Foundation, 40% of all hospital beds are occupied by people with either mental illness or problems with substance abuse. In 1988, 25% of all health care expenditures in this country were for mental health care.

According to the National Institute of Mental Health, some 29 million adults suffer from some form of mental illness. That's 19% of the population over age 18! To me, that's an astounding percentage! Even after field underwriting and perhaps some economic selection, that means that a significant percentage of the applicants for disability insurance have some sort of mental illness problem.

The 1987 National Institute of Mental Health Survey showed that
(Continued on Page 13)

Individual Disability Income In Canada

by John A. Young, FSA

At first glance, the basic DI products, the distribution systems, the marketing techniques and markets served, and even some of the major companies involved might lead a casual observer to see little to distinguish the DI business in Canada from that in the United States. It cannot be denied that there are indeed similarities; but there are also aspects of the business here in Canada that contribute to this market being unique in various ways.

MARKET OVERVIEW

Obviously, the size of the Canadian market is much smaller than that in the U.S. Furthermore, the market for full featured, non cancellable individual disability income products is dominated by two companies. Well over 50% of all such Canadian DI premium income is written by these two companies. The vast majority of the remaining premium is split between the 9 - 10 other companies currently active in this product line. As well as being concentrated, the Canadian market has grown significantly over the last decade. Both market leaders have significantly increased their inforce premium close to 400% since the early 1980's.

In the last couple of years this rapid growth rate has moderated significantly. This moderation has not reduced the interest these companies have in the Canadian market. A continuing potential for growth has led to new companies aggressively challenging for a share of this
(Continued on Page 8)

IN THIS ISSUE OF DN:

Bill & Dave's Corner	2
Disability Income in Australia	3
Impact of DAC Tax on Disability Income Profitability	6
Individual Disability Income in Canada	1
Letters to the Editors	3
M&R AIDS Reserving Survey Results - DI Responses	4
Reflections on International Expansion in DI Industry	5
The Mental and Nervous Disorder Problem	1

Disability Income in Canada

(Continued from Page 1)

premium potential. At the same time, the market leaders are maintaining their traditional premium levels, and seeking further growth in new market segments. To ensure a share in the next growth wave in the industry, many companies are developing new products and modifying sales and marketing strategy to appeal to new market segments with untapped growth potential.

Consequently, there is no lack of competition in the Canadian DI market place despite the fact there are relatively few competitors and a high level of concentration. In fact, more companies have become interested in the DI business here in Canada over the last several years. Some have directly entered the market with their own product lines, while many others have established marketing agreements to sell products underwritten by other insurers.

UNIQUE PRODUCTS

Product innovation in Canada has been led by both Canadian companies, and the Canadian operations of U.S. players in the U.S. DI industry. This, along with the fact the markets currently served in each country are quite similar, has naturally led to similar types of basic DI products evolving in each country. Often basic U.S. product designs require "fine tuning" to fit the Canadian environment, but there are no aspects of any social or government program which would call for a fundamental product modification.

To capitalize on the growing market in the mid 1980's, and in the face of increasing competition, product development began to look beyond the basic product types of personal income replacement and overhead expense coverage. New products were tailored to meet the unique needs of key market segments such as business owners and professionals. These included the addition of the

disability buy-out, now common in both countries. At the same time new products directed at other very specific needs were being developed.

One such need was for coverage that would pay the principal and interest payments on loans made for business purposes in the event the business owner or professional became disabled. Though coverage of this type is found to one degree or another in overhead expense policies, it was inadequate. Practice and business loans had grown to very significant amounts, and more comprehensive amounts of coverage were necessary to protect against financial hardship in the event of disability. Policies to cover these loan requirements during disability were developed on a reimbursement basis and are now sold in addition to regular overhead expense insurance.

Professionals and business owners who desired funding flexibility, access to policy values, the opportunity to pre-fund, and the other benefits of a universal type DI program, have an alternative in the Canadian market place. About 5 years ago, Canada's first universal DI product was introduced. This product has attracted a lot of attention since introduction and continues to be marketed successfully. As yet, no other company markets a similar design in Canada, but the presence of a universal DI alternative to the more traditionally designed products has created unique competitive pressures in the Canadian industry.

Another uniquely Canadian product has been developed to meet a special need of unincorporated business owners and professionals. It covers the insured's deferred income tax liability. By electing a fiscal year end early in the calendar year, a business owner or professional can create a significant tax liability which will become payable after a disability, in respect of income earned prior to disability. The first product to deal with this need became available 6 years ago and since then various companies have introduced coverages

reimburses the actual deferred tax liability the client is responsible for, it is sold in addition to any personal DI the client may have. The product has evolved into both a lump sum and periodic pay version, and is available to cover deferred tax liabilities as high as \$240,000.

Though it may no longer be considered new in comparison to similar benefits sold in the U.S., a Canadian company has marketed a return of premium benefit for the past decade. The success of the product is evidenced by the fact that 50% of those eligible for this benefit purchase it. This is particularly notable because the rider increases the premium by up to 50%. Recently this company has been able to enhance its marketing by quoting the now significant level of refunds already returned to clients, in addition to the other aspects usually mentioned in conjunction with this rider.

A final example of a Canadian product design responding to the special requirements of the market are those coverages currently available which maintain a level of contributions to personal retirement savings programs throughout a period of disability. Retirement savings, either through employee pension plans or on an individual basis, are very popular due to favourable income tax treatment. Contributions to a retirement savings plan are tax deductible up to 18% of earnings to a maximum of \$11,500 annually, and investment returns are not taxable until retirement.

It was recognized that breaks in contributions to these programs can have a significant effect on the level of retirement income available at 65. Research indicated that saving in general, and retirement saving in particular, is one of the first items neglected when disability strikes. The intent was to provide for the continuation of savings that are specifically for retirement purposes during a period of disability. One such product has a benefit period for total disability through to age 65, and

benefit payments are held in trust for the benefit of the insured in a selection of investment vehicles. The insured has no access to the funds prior to 65, to emphasize they are intended for retirement purposes. As this design creates minimal over-insurance concerns, the product is sold over and above any personal DI a client may have in force. The popularity of retirement savings plans in Canada would indicate that the potential market for this special purpose DI product is large.

There is no reason to believe that the development of more "special needs" products will not continue. They will provide entry into some market segments currently unserved by individual disability income, as well as serve to more comprehensively cover the needs of existing clients.

REGULATORY ENVIRONMENT

Entry into the DI market in Canada is eased by the fact there are fewer regulatory requirements than exist in the United States. Neither contracts nor rates need be filed in any jurisdiction prior to introduction.

Federally, through the Office of the Superintendent of Financial Institutions (OSFI), regulation concentrates primarily on solvency issues and compliance with legislation dealing with reserve liabilities. The Canadian Institute of Actuaries (CIA) also is involved through its Recommendations for Life Insurance Company Financial Reporting and Valuation Technique Papers which must be complied with by all valuation actuaries.

The next few years will bring additional compliance requirements through both OSFI and the CIA, which will apply to all lines of insurance. Included is a move to financial reporting on a GAAP basis, the Policy Premium Method for determining policy liabilities is expected to be required, along with prescribed dynamic solvency testing. These measures will place new compliance requirements on the valuation actuary.

CHALLENGES

In the past several years there has been no shortage of challenges for those managing DI in Canada. Some have been dealt with very directly, while others continue to command management attention.

Normal pregnancy coverage was introduced in Canada beginning in mid 1984. In the years following this, many companies followed by removing pregnancy exclusions. Not surprisingly, this coverage was very popular with females in their child bearing years. In Canada, government benefits establish a normal maternity leave period of about 4 months. Unfortunately, it is suspected that normal pregnancy coverage may have been sold as a maternity leave benefit, and not as a disability benefit as intended. This led to average periods of disability of 4 - 6 months versus the 6 - 8 weeks typical in the U.S. Claim costs quickly rose to levels much higher than expected. Beginning in 1988 Canadian companies began either re-introducing the normal pregnancy exclusion into their contracts, or severely restricting the coverage they offered. Currently most companies have modified their contracts and the issue of normal pregnancy is no longer a sales concern, though the claims continue to arise on the business issued in the four year period from 1984 to 1988.

A related, but more significant issue dealt with the unisex pricing of DI products and the resulting female morbidity costs. Following the U.S. lead in late 1983 and early 1984, Canadian DI writers began to move to a unisex rate structure. Again most major companies selling DI in Canada followed, at least in their professional and white collar occupation classes.

Unfortunately, the rates used as unisex were, for the most part, the previous male rates. No allowance was built in for higher expected female morbidity. Experience showed that female morbidity remained well in excess of male morbidity; primarily due to much higher incidence rates.

Obviously this led to profitability concerns on the female block of business, which only became more significant as the unisex rate structure caused the female portion of the business to grow.

Analysis revealed that even after removing claims for normal pregnancy, complications, and other specifically female disabilities; the resulting morbidity levels were still significantly above males in the same occupation classes.

In response to these results, in early 1990, one of the major companies in the market withdrew its unisex rate structure and returned to gender specific rates. This move was quickly followed by other companies and currently the vast majority of premium written in Canada is on a gender specific rate basis with female rates as much as 20% - 25% more than male rates.

Though justifiable from experience, the return to gender specific rates was obviously not popular from a sales standpoint. There is no question females continue to make up an important segment of the Canadian market for DI. Gender specific rates will ensure the industry can continue to serve this market with equitably priced DI products.

Though the industry has not experienced regional morbidity concerns such as in California and Florida, nor with any large occupation groups such as physicians; disabilities due to mental, nervous, anxiety, and depression related conditions have become a growing concern. The inability to detect risk associated with these conditions at underwriting and the subjective nature of the condition at claim time have made this problem a difficult management challenge. Society's increased awareness and recognition of these conditions, coupled with generally liberal contract provisions, especially for residual disability, mean the costs associated with these disabilities will continue to grow. Provisions such as no requirement for loss of time or duties before

(Continued on Page 2)

Mental and Nervous Disorder Problem

(Continued from Page 1)

% of employed people ages 20 to 40 used illegal drugs in the previous year. It also showed that 19% of employed people ages 20 to 40 used illegal drugs in the previous month! These results are not estimated; this is what respondents' own admission gave to the researchers.

Insurance companies have been noticing that the disability morbidity curve is becoming steeper by age, as the morbidity for younger people worsens. Maybe this use of illegal drugs has something to do with it.

The cost of medical insurance taking all diagnoses together rose 13% between 1986 and 1988. If the costs of mental illness and substance abuse claims are broken out, we find that mental illness costs increased 20.1% over this period, and substance abuse costs rose 32.4%.

Between 1984 and 1989, hospital admissions for medical/surgical procedures actually decreased by 25% (much of this care is now performed on an outpatient basis). Hospital admissions for mental disorders increased 37%, while admissions for substance abuse increased 47%.

The length of hospital stays in 1989 is informative. Medical/surgical procedures averaged 5.3 days, while mental disorders averaged 17.2 days and substance abuse 14.4 days. This may give us a clue about the relative length of mental and nervous disability claims.

Workers' Compensation statistics show that workplace-induced stress claims increased from 5% of total occupational disease claims in 1980, to 14% in 1986. The average occupational disease claim is twice as high for stress as it is for physical injury.

DISABILITY NEWSLETTER SURVEY

Let's look at some of the experience in the disability insurance industry, both individual and group. On behalf of the Disability Newsletter, I sent a survey to the following companies, asking them to share their mental and nervous disorder

claim experience on a confidential basis: CIGNA, Equitable, Lincoln National, Minnesota Mutual, Monarch, New York Life, Northwestern Mutual, Paul Revere, Phoenix Mutual and Provident.

Since each company studied their experience a little differently, I was not able to combine all the data to show what's happening in total. So below I have provided a separate report for each company, but have kept each company's name confidential. First are the responses from the individual DI operations, followed by the responses from the group LTD carriers.

At Company A, mental and nervous disorders have become the number one cause of new disability claims. Claim payments for mental and nervous have grown from 8% of the total to 18% over the last 4 years. When claim reserves are taken into account, mental and nervous accounts for 25% of total incurred claims. This Company sees a particular problem in California: 18% of their premium comes from California, but 30% of the mental and nervous claims are from that state. Company A also reported that dentists, chiropractors, and self-employed consultants seem to have a disproportionate share of mental and nervous claims.

Company B tracks all their claims (not just the new ones) by cause, and reports that mental and nervous claims are in second place behind back problems. They also keep track of the duration of closed claims by cause, and find that on 30-day elimination period policies, mental and nervous claims last 64% longer than other claims. On 90-day elimination period policies, mental and nervous claims last 30% longer than other claims. They also report that California has a disproportionate share of mental and nervous claims: California accounts for 11% of their policies, and 25% of their mental and nervous claims.

Company C indicates that mental and nervous disorders are the 201

second leading cause of new disability claims, behind musculoskeletal, and account for 22% of incurred claims in 1990, up from 19% in 1988. Average benefits paid for mental and nervous are \$32,800 vs. \$6,750 for all other claims. I think this is an indication that mental and nervous claims last longer than other claims, rather than mental and nervous claimants typically have larger policies. Company C does report that the average claim duration of mental and nervous claims is 10 months, versus 6 months for other claims.

I think it is interesting that this Company reports that females account for 21% of mental and nervous claims, in comparison to 15% for other claims. Doctors have 21% of mental and nervous claims, and lawyers also account for a larger portion of mental and nervous than other types of claims. The incidence of mental and nervous claims seems to be disproportionately higher for people in their 30's and 40's than for other age groups: ages 30 to 39 have 21% of mental and nervous claims vs. 13% for other claims, and ages 40 to 49 have 40% of the mental and nervous claims vs. 24% for other claims.

Company D reports that mental and nervous claims are in third place as a cause of new disability claims, and accounts for only 12% of their new claims. This Company is not seeing as large a problem as many other companies are seeing, and I note that they have taken tough stands on both California business and female business.

Company E reports that mental and nervous disorders have been the leading cause of claims incurred from 1986 - 1990, and represents 24% of the total of all claims. This Company finds that mental and nervous claims last an average of 10.2 months vs. 7.3 months for other claims. The average monthly benefit for mental and nervous claims is just slightly higher than for all other claims. (Continued)

Mental/Nervous Problem

FROM PG 13 → (Continued)

At Company E, California accounts for 9% of premiums, 13% of total claim payments, and 16% of mental and nervous claim payments. They also find that females comprise 15% of their in force premium, but 20% of their mental and nervous disorder claims. Both dentists and insurance agents have a disproportionate share of the mental and nervous claims.

Company F indicates that mental and nervous disorders are the leading cause of disability claim payments, accounting for 19% of the total. Their analysis also shows that the incidence of mental and nervous claims is higher in California, Florida and Canada.

Company G is not having an onslaught of mental and nervous claims, and does not show it as one of the three leading causes. Mental and nervous claims are only 4% of total claims incurred since 1985. This Company reports that it attacks mental and nervous claims as soon as they are received by having independent medical exams done by a two person team consisting of a psychiatrist and a psychologist. These doctors see the claimant on several occasions, and administer a series of tests to assure against fabrication.

Company H reports that mental and nervous disorders account for 12% of their total claim payments. Their analysis indicates that Florida is not a problem with this type of claim (mental and nervous accounts for only 11% of Florida claim payments), but California clearly is a problem (mental and nervous accounts for 21% of California claim payments).

Now let's look at several companies that write group LTD coverage. Remember that group disability coverage usually limits mental and nervous benefits to two years. This can be extended to a longer benefit period for a higher price, but most employers prefer the two year limitation to help keep their costs down.

Company X does not list mental and nervous as one of the three leading causes of new disability claims. They do

report that mental and nervous claims have grown from 0.4% of claim payments in 1986, to 6% in 1990. Their average payment for mental and nervous claims is \$17,203, while the average for all other claims is \$10,934, indicating that mental and nervous claims have a longer duration than other claims in spite of the two year limit. They also report that teachers, public administrators, and construction workers account for most of their mental and nervous claims.

Company Y indicates that mental and nervous is now the fourth leading cause of new claims, accounting for 10% of total claim payments. This Company reports that mental and nervous claims last on average of 17.1 months, vs. 13.3 months for all claims.

Company Z does not list mental and nervous as one of the leading causes of new disability claims, but it does account for 9% of their total claims. This Company has found that the average monthly benefit for mental and nervous claims is \$1,478, while the average monthly benefit for other claims is only \$1,028. They also report that there is a higher incidence of mental and nervous claims in California, among supervisors and clerks, among females, and in the attained age range of 34 to 49.

CONCLUSION

So what should we conclude from all this data? It is clear that mental and nervous disorder claims are growing relative to other types of claims. All companies, including the group writers, conclude that mental and nervous claims last longer than other claims. These two facts together imply that some companies may have to strengthen their disabled life reserves. The data also show that there is a higher incidence of mental and nervous claims in California, among females, and in the attained age group of 30 to 49.

Disability Income in Canada

(Continued from Page 5)

or after the elimination period; full indexed features on residual coverage; plus the continuing "early retirement" risk will likely contribute to continued problems with this subjective and difficult to manage cause of disability.

Disabilities due to AIDS and AIDS related conditions are a concern in Canada, but not to the same extent as the U.S. Population statistics have shown that the incidence rate of AIDS in the U.S. is 3 - 4 times the Canadian rate. Close attention is being paid to both the emerging Canadian AIDS claims experience as well as developments in the U.S.

A new challenge that has developed quite recently is that of expense control. Though the problem probably existed for some time, two developments have caused it now to attract more attention. First, the rapid growth of the mid 1980's likely masked the problem which now, with more traditional levels of growth, has become apparent. Second, urgent concerns regarding unisex rates and female morbidity have now been dealt with, freeing management to deal with the relatively less urgent concerns over expense levels. Further action in this area can certainly be expected in the future as companies strive to efficiently provide superior levels of service to their producers and policy holders.

So indeed the Canadian DI market does look similar to its U.S. cousin at first glance. When looked at a bit below the surface though, the parameters that shape this market and the challenges faced create a uniquely Canadian DI management challenge.

John A. Young is Vice President and Actuary at The Paul Revere Life Insurance Company in Ontario.

FDI NATIONAL TREASURER

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1991 FDI WORLD DENTAL CONGRESS

MILAN, ITALY -- OCTOBER 6-12, 1991

The 1991 FDI World Congress in Milan was a success. The combination of a good scientific program and the largest dental industry show in the world made it possible. The Milan Congress attracted 4,799 participants, while the Trade Exhibition, Expodental, had a total of 38,000 visitors.

The theme of the scientific program was "Oral Health for All". It was inspired by the Directive issued by the World Health Organization and the FDI calling for "Oral Health for All by the year 2000".

At the General Assembly business meetings, Canada was officially represented by Dr. Les Allen, CDA President, Dr. Gilles Dubé, CDA Past-President and FDI National Treasurer-Canada and Mr. Jardine Neilson, CDA Executive Director.

The alternate delegate was Brigadier General J. Fred Begin. Dr. Michel Jahjah, Chairman of the FDI World Congress 1994 was also in attendance as an observer.

Former CDA President, Dr. William Thompson still honours Canada as FDI Treasurer.

For personal reasons, Dr. Thompson did not run for the FDI-President elect position. While we all respect his decision, this was unfortunate because his past experience and his great talent would have made him the first Canadian to be elected FDI President.

The following Canadians participated in the Commission structure of FDI during 1991.

Commission on Oral Health, Research and Epidemiology

Consultants:	-	Dr. W. R. Bedford	-	Dr. N. Levine
	-	Dr. A. Dungy	-	Dr. M. MacEntee
	-	Dr. J. B. Epstein	-	Dr. R. Moran
	-	Dr. J. Hardie	-	Dr. B.C. McBride
	-	Dr. D. Kandelman		

Commission on Dental Products

Joint FDI/ISO/TCI06 Working Group I on toothpaste:

- Dr. Ralph Barolet

Joint FDI/ISO/TCI06 Working Group 2 on Biological Evaluation on Dental Materials:

- Dr. J. G. L. Lovas
- Dr. C. Torneck

Commission on Dental Education and Practice

Consultant: - Dr. G. S. Beagrie

Working Group II - Distance Learning:

- Dr. G.S. Beagrie

FDI/FOLA/PAHO Joint Working Group 13 - The Evaluation of Educational Programs
Combining components of Teaching with Service:

- Dr. Marcia Boyd

Commission on Defence Forces Dental Services

Members: Brigadier-General J.F. Begin

Consultant: Dr. W. Thompson

Business Sessions

The major business activities of FDI took place in four main working sessions i.e. General Assembly A, General Assembly B, National Treasurers' meeting, and the Open Question period. The following is a brief summary of the main items of interest.

Annual World Congresses

- 1992 - Berlin, Germany (September 20-26)
- 1993 - Gothenburg, Sweden (August 29 - September 2)
- 1994 - Vancouver, Canada (October 2-8)
- 1995 - Hong Kong

FDI Election

The following persons have been selected by the General Assembly:

President:	Dr. K. Yamasaki (Japan)
President-elect:	Dr. C.B. Ross (New Zealand)
Vice-President:	Dr. R.H. Lemme (Argentina)
	Dr. J. Monnot (France)
Speaker:	Dr. R. Cronstrom (Sweden)
Councillor:	Dr. R.W. Hession (Australia)
Belgium Legal representative:	Dr. Hanson (Belgium)
Commission on Oral Health, Research and Epidemiology:	Dr. S. Moss (USA)
	Dr. F.T. Widdop (Australia)
Commission on Education and Practice:	Dr. D.L. Allen (USA)
	Dr. B. Stanley (New Zealand)

Major Resolutions

An action plan was debated in considerable detail in Council and General Assembly, the result of which was agreement to progress the following components:

- To support the present system of the Member Associations' representation in the General Assembly. One Country - one vote.
- To restructure the FDI Council to guarantee representation from all continents without reducing the decision-making power of the General Assembly.

That the document representation in Council will be used as guidelines for restructuring Council with the addition of restricting any member association from having more than two representatives on Council at any given time and adding the Chairman of the Management Board of the World Dentist Press Limited to the Council as an ex-officio member.

Elements of interest in the document:

- Regional Representation is a key element. A representative of each of the following regions is proposed to be member of the Council.

Africa
Asia Pacific
Europe
Latin America
North America

-
- Regional representatives will replace the former vice-presidents.
 - Length of term:
 - A three-year mandate renewable once, as a member of the Council.
 - A member can remain on Council for three additional years if elected as Treasurer and for four additional years as President-elect/President.
 - To reorganize the Commissions to make work more efficient, flexible and responsive towards urgent matters.
 - To develop the structure and management of the FDI Annual World Dental Congresses and additional continuing education activities.
 - To create a new corporate image for the FDI, new logo-types.
 - To start a Publishing House, the FDI World Dental Press Ltd., to make the dissemination of oral health information more effective and efficient, and, at a slightly later date, set up a World Dental Info-Bank.
 - To develop a new journal, the FDI Dental World with worldwide news for practitioners as well as for Associations.
 - To offer the Member Associations a new and expanded set of benefits to the benefit of their members.
 - To offer individual members a new and expanded benefit package.
 - To offer different groups of individuals with a common interest or occupation a worldwide forum for exchange of ideas and experience.
 - To offer the Corporate Partner of the FDI a close cooperation, long-term agreements and new benefit packages.
 - To further develop the FDI's relations worldwide, e.g. with the WHO, ISO, IADR, the dental students.
 - To rationalize the FDI's administration, among other things through the introduction of information technology.

2. FDI World Congress 1994 in Vancouver

The Canadian representatives, through Mr. Neilson and Dr. Michel Jahjah have established excellent business rapport with the FDI authorities.

In a few words, we should be able to manage the congress exactly the way we would like to. They have great respect for our expertise in managing a major congress.

Having said that, I think it is imperative for the Board to know that we are facing not only a "great challenge" in organizing the Congress but also a major one in trying to break-even or make money with it. The Convention Chairman and his committee should receive all the necessary support to ensure success.

We have to start to increase our visibility effective at the Berlin Congress. It has to be done in a cost efficient way but it still remains a priority.

3. Summary

In summary, the FDI business session was most productive. For those who remember my last report, we were establishing some objectives for Canada over the next few years: revised regional representation and the reduction of the length of term on Council. While we must accept that the process for changes on the International scene is usually a very long and exhaustive one, and these two elements were addressed in Milan, and hopefully will be endorsed in Berlin in 1992.

I feel that we can be optimistic regarding these coming changes. Adequate and appropriate representation are the cornerstone of a solid Council structure.

We will continue to work toward seeing these changes and others implemented with our friends within FDI.

Canada will also have to show greater support to FDI via its individual members. We now rank 13th with 227 members, a loss of more than one hundred. We should work in the next two years to considerably increase these members.

Respectfully submitted,

Gilles Dubé, D.M.D., M. Sc. Adm. Santé
National Treasurer - Canada

FILING OF REPORT

The Board of Governors receives with appreciation the report of the FDI National Treasurer - Canada.

**ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY
L'ASSOCIATION DES FACULTÉS DENTAIRE DU CANADA**

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Association is pleased to report that the proposed closure of the Faculty of Dentistry at the McGill University in 1995 will not take place. A meeting of the McGill Planning and Priorities Subcommittee held November 28th set certain conditions for their survival and the Dean and Faculty feel confident that these can be met. Dr. Ralph Barolet, Dean of the Faculty of Dentistry at McGill noted that the enormous support received from various individuals and groups in the community, both professional and non-professional, was instrumental in prompting the University to reconsider the destiny of the Faculty.

The ACFD participated in the national conference on Certification and Licensure arranged by Dental Licensing Authorities and an agreement has been reached to follow up on one of the conference proposals that an external examiner/observer be involved in final evaluation processes at Canadian Faculties of Dentistry. Despite certain reservations about external examiners/observers the ACFD continues to cooperate with the NDEB, as it has in the last few years, to explore ways in which the external examiner/observer proposal could be integrated into Canadian Faculties of Dentistry.

A meeting of the Canadian Deans and/or their representatives took place in Dallas in December at which various items were discussed. Those present reviewed the comments of the Management Committee on the proposals formulated at the meeting on Certification held in Quebec City last August.

Budget restraints are evident in all the dental schools and this recurrent situation is restricting development. Nonetheless, the Curriculum Database project is now in the testing stage and the faculties will report on the preliminary results. As a result of the reorganization there is an ACFD Faculty Committee in each of the ten Dental schools across Canada and these appear to be functioning well.

In the last three years, as many as three Dental faculties have been obliged to defend their survival in the University. Plans are underway to develop a more sophisticated documentation centre at the ACFD/AFDC Central Office in order to assist faculties in need of pertinent information to defend their status with the University administration.

**ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY
L'ASSOCIATION DES FACULTÉS DENTAIRE DU CANADA**

- 2 -

The 1992 Summer Teaching and Management Institute will be held at the University of Western Ontario, June 5-13, 1992 supported by funding from the Canadian Fund for Dental Education. Dr. Jack Gerrow, Dalhousie, Dr. Glen Walker, UWO, Dr. Marilyn Robinson and Dr. Paul Mercer, UWO Department of Medicine will be coordinating the Teaching Institute and Dr. David Chambers, University of the Pacific, San Francisco will be in charge of the Management Institute. This Institute is open to all Faculty members from the ten Dental Schools as well as Faculty members of Affiliate Member Institutions. Approximately 40 participants are accepted each year for the 8 day course.

The 1992 ACFD/AFDC Annual General meeting will take place in Edmonton, June 21-23 at the Holiday Inn Crowne Plaza. Committee meetings will take place the first two days and the ACFD/AFDC Council will meet Tuesday, June 23rd.

The ACFD/AFDC has lost a hard working and enthusiastic member of its Management Committee team in the person of Dr. Bruce Graham who has moved from the Faculty of Dentistry at Dalhousie to accept the position of Dean of Dentistry at University of Detroit. We would like to take this opportunity to extend the very best wishes of the Management Committee and members of the Association to Dr. Graham.

I would also like to thank the Management Committee, acting members of ACFD/AFDC, the Deans and their representatives for their sincere cooperation.

Respectfully submitted,

Gérald Albert, D.D.S.
President, Association of Canadian
Faculties of Dentistry

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Association of Canadian Faculties of Dentistry.

CANADIAN DENTAL ASSISTANTS' ASSOCIATION

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

The Canadian Dental Assistants' Association welcomes this opportunity to report to the Board of Governors on the activities of our Association since August 1991.

CDA Executive:	President:	Betty Copp, New Brunswick
	Vice-President:	Gail Armitage, Alberta
	Past President:	Ellen McCloskey, Prince Edward Island
	Interim Registrar:	Maureen Symmes, Alberta

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. The Board of Directors and Annual Meeting was held in Quebec City, August 23-24, 1991.

2. The 1992 Convention

The Annual convention will be held in conjunction with the CDA in Calgary, Alberta. Our chairman is Barbary Peterson. Barbara has reported two excellent meetings to date with CDA Convention Committee.

3. National Board Examination Program

The CDAA is pleased to report that we now have a Level II exam in place and are planning our first sitting for June 1992. We continue to request support from Licensing authorities, and are most encouraged by the positive feedback we have been receiving.

It is our goal to have the Level I Board Certificate accepted as a pre-requisite for entrance into Level II programs for Dental Assistants having graduated from non-accredited programs, and the National Board Certificate Level 2 an acceptable standard for Licensing Authorities considering candidates having graduated from outside of their jurisdiction.

4. Constitution and By-Laws

The CDAA is presently operating under an interim Constitution as endorsed at our AGM in Quebec City. We have appointed a committee to undertake a Restructuring and we look forward to the results of this committee's efforts in this area.

5. National Dental Assistants' Recognition Week

The National Dental Assistants' Recognition Week will be held again this year during the last week in March.

6. Office Relocation

In November 1991, the CDAA office in Lethbridge, Alberta was closed and the employment of Elaine Wesley as Executive Director was concluded. We have put in place several interim measures to deal with this situation. The membership services of the CDAA will be handled from the office of the Ontario Dental Nurses and Assistants' Association at the following address:

CDAA
869-871 Dundas Street
London, Ontario N5M 2Z8

Telephone: 519 679-1582
Fax: 519 679-8494

Our Certification program will continue to be supervised by Maureen Symmes and her Committee, and we have appointed Maureen as interim Registrar. We also maintain the professional services of the Educational Measurement and Research Group at the University of British Columbia in Vancouver, B.C.

The Continuing Education Division of our Association is being handled by Susan Anholt from the office of the Saskatchewan Dental Assistants' Association in Kenaston, Saskatchewan.

These interim measures, as well as the issue of permanent relocation and rehiring will be dealt with at our Annual Meeting in Calgary.

Though in some ways this has been a difficult situation, the CDAA is most optimistic that change will bring renewed vitality and effectiveness to our association.

We are most appreciative of the support and encouragement we have received from Dr. Allen, Mr. Neilson and the Management Committee of the Canadian Dental Association.

Respectfully submitted,

Betty Copp, C.D.A.
President,
Canadian Dental Assistants' Association

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Dental Assistants' Association.

CANADIAN DENTAL FOUNDATION

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Bradley Holmes, President, Kenora
Mr. Ronald Bonar, Vice-President, Toronto
Mr. Jardine Neilson, Secretary-Treasurer, Ottawa
Mr. Don Pamentor, Halifax
Dr. Arthur Schwartz, Ottawa
Dr. John Silver, Vancouver
Dr. Doug Smith, Belleville

Coordinator: Martha Vaughan

1. CDF Meetings

The Canadian Dental Foundation held its annual meeting in Ottawa on November 15 and 16, 1991.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Meeting Highlights

The first day of the meeting was devoted to CDF business which included a presentation from RBC Dominion Securities, CDF's investment broker, concerning the activities of the Langstaff monies. The total amount of interest earned on the investment for 1991 was \$207,816.00, which represents a 16.75 per cent return. This amount was transferred in two stages to CDA to fund the operation of the Sydney Wood Bradley Memorial Library.

CDA and CDF signed an agreement outlining the respective responsibilities in the operation of the Library. This agreement is attached for the information of Governors, and replaces the CDA/CDF Agency Agreement dated December 19, 1988.

APPENDIX I

A workshop was held on the second day which focussed on fundraising. Directors invited three individuals familiar with dentistry and fundraising, to lead discussions; a number of recommendations were made:

- a. CDF will meet with CFDE to discuss fundraising.
- b. The concept of Planned Giving was explored; CDF will begin to cultivate potential donors.

- c. CDF will develop a brochure to introduce its goals, including those projects and charitable activities it wishes to pursue, for example: the establishment of a benevolent fund, AIDS awareness, support for research, hospital dentistry, geriatric dentistry and outreach, and library projects.

CDF will begin its fundraising campaign in 1992.

Respectfully submitted,

Bradley Holmes, D.D.S.
President,
Canadian Dental Foundation

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Dental Foundation.

APPENDIX I

DATED AS OF MAY 31, 1989

CANADIAN DENTAL ASSOCIATION

- and -

CANADIAN DENTAL FOUNDATION

LIBRARY AGREEMENT

**FRASER & BEATTY
OTTAWA**

LIBRARY AGREEMENT

This Agreement dated as of this 31st day of May, 1989 is made between:

CANADIAN DENTAL ASSOCIATION

(hereinafter called the "Association")

OF THE FIRST PART

- and -

CANADIAN DENTAL FOUNDATION

(hereinafter called the "Foundation")

OF THE SECOND PART

RECITALS:

(1) The late Helen Margaret Langstaff pursuant to her last Will and Testament, devised 40% of the residue of her estate to the Association to be used for the purposes of the Sydney Wood Bradley Memorial Library (the "Library");

(2) As of the Effective Date hereof, the amount of the bequest received by the Association from the estate of Helen Margaret Langstaff together with all capital accretions to and all income thereon but excluding all amounts which have been disbursed therefrom (whether out of capital or income) is \$1,955,633.57 as set forth in the statement appended hereto as Schedule "A"; and

(3) The Association and the Foundation have entered into this Agreement for the purposes of recording their understanding: (i) as to the manner in which the Fund will be managed, invested and disbursed, and (ii) as to the manner in which services of the Foundation will be provided in connection with the management, investment and disbursement of the Fund.

NOW THEREFORE it is agreed as follows:

1. Definitions

In this Agreement and in any instrument supplemental or ancillary hereto, unless the context otherwise requires:

- (a) "Agreement" means this Agreement and all instruments supplemental hereto or in amendment or confirmation hereof; "hereof", "hereto" and "hereunder" and similar expressions mean and refer to this Agreement and not to any particular paragraph or

section; "paragraph" or "Section" means and refers to the specified paragraph or section of this Agreement.

- (b) "assets" includes cash, securities, estates, property and any interests therein.
- (c) "Effective Date" has the meaning set forth in Section 23.
- (d) "Fund" means the assets referred to in the second recital hereof and all other assets which may at any time be substituted therefor and all other assets which are now or which at any time may be assigned, transferred or appointed thereto to be held upon the trusts thereof, together with all capital accretions to and all income from such assets but excluding all amounts which have been disbursed therefrom (whether out of capital or income) in the normal course of administration or pursuant to the provisions of this Agreement.
- (e) "Library" means the Sydney Wood Bradley Memorial Library.

2. Engagement of the Foundation

The Association hereby engages the Foundation to perform the following services:

- (a) to manage, invest and disburse the Fund in accordance with the provisions of this Agreement, the policies approved by the Association and the directions of the Association;
- (b) to supervise the preparation and submission to the Association for its approval of policies pertaining to the management, investment and disbursement of the Fund and to supervise the implementation of approved policies;
- (c) to supervise the preparation and submission to the Association for its approval of periodic reports as reasonably required by the Association in connection with the management, investment and distribution of the Fund;
- (d) such other services as may be mutually agreed upon by the Foundation and the Association.

The Foundation hereby agrees to provide the foregoing services upon the terms and conditions set out in this Agreement.

3. Management, Investment and Disbursement of the Fund

The Fund shall be held by the Foundation as agent for the Association and remain segregated and apart from the funds of the Association

and the Foundation. The Fund shall be invested and kept invested and the income and capital of the Fund shall be applied only for the purposes of the Library. All distributions from the Fund must be authorized by one representative of each of the Foundation and the Association. Each of the Association and the Foundation shall notify the other, from time to time, as to their respective authorized representatives. The Foundation and the Association shall jointly maintain complete books and records with respect to the Fund and both parties shall have the right to inspect, copy or audit such books and records.

4. **Permitted Investments**

The Fund shall be invested in any of the securities in which trustees are by the laws of the Province of Ontario authorized to invest at the time of investment. The Foundation shall not be liable for any loss incurred in connection with any investment hereby authorized and made by them.

5. **Investment Counsel**

The Foundation is hereby authorized to retain the services of one or more persons in the business of investment counsel to advise with respect to the investment of the Fund and the Foundation is hereby authorized to delegate to such counsel discretionary powers with respect to investments. The Foundation may fix the remuneration to be paid to such investment counsel and such remuneration is to be payable out of the capital or income of the Fund in such proportions as the Association may determine. In making such arrangement as aforesaid the assets comprising the Fund or any of them may be placed in the custody of such counsel and such assets or any of them may be transferred into the name of such counsel, or any nominee thereof.

6. **Foundation's Standard of Performance**

The Foundation agrees to provide the services to be provided by it hereunder in a diligent and efficient manner with the same degree of care, skill and supervision as would be exercised by a reasonable and prudent person. In carrying out its obligations under this Agreement, the Foundation will not be responsible for matters beyond its reasonable control or, unless otherwise specifically agreed, for matters involving the expenditure of funds which are not made available from the Fund.

7. **Terms and Conditions**

The acceptance by the Foundation of its obligations under this Agreement is subject to the following terms and conditions:

- (a) the Foundation shall be protected in acting upon any written notice, request, waiver, consent, receipt, certificate or other paper or

document furnished to it which it believes to be genuine;

- (b) the Foundation shall not be liable for any act done or step taken or omitted by, or for any mistake of fact or law;
- (c) the Foundation shall have no duties except those which are expressly set forth herein;
- (d) the Foundation shall be entitled to be reimbursed from the Fund, on a cost recovery basis, for all disbursements, costs, liabilities and expenses made or incurred by it in the discharge of its obligations hereunder and all such disbursements, costs, liabilities and expenses shall be a charge upon the Fund and be payable out of the Fund; and
- (e) the Foundation shall not be responsible for any act or default on the part of any agent or for having permitted any agent to receive and retain any moneys payable in respect of the Fund.

8. **Foundation's Powers**

In addition to all other powers by this Agreement or by any statute or law conferred on it, the Foundation shall have the following powers for purposes of carrying out its obligations hereunder:

- (a) the Foundation may delegate to any company or person the performance of any of the powers vested in it by this Agreement, and any such delegation may be made upon such terms and conditions and subject to such regulations as the Foundation may consider advisable;
- (b) except as herein otherwise provided, the Foundation shall, as regards all the powers, authorities and discretions vested in it, have absolute and uncontrolled discretion as to the exercise thereof, whether in relation to the manner or as to the mode of and time for the exercise thereof and it shall in no way be responsible for any loss, costs, damages or inconveniences that may result from the exercise or non-exercise thereof;
- (c) the Foundation may, in relation to these presents, act on the opinion or advice of or information obtained from any lawyer, auditor, valuer or other expert, whether obtained by the Foundation or by the Association or otherwise, but shall not be bound to act upon such opinion, advice or information and shall not be responsible for any loss occasioned by so acting or not acting, as the case may be, and may employ such assistance as may be necessary to the proper discharge of its obligations and may pay reasonable compensation for all such legal and other advice or assistance as

aforesaid;

- (d) the Foundation shall be at liberty to place all share certificates, bonds or other securities in any safe or receptacle selected by the Foundation, or with any financial institution or investment dealer or lawyer or law firm or other depository in any part of Canada, and the Foundation shall not be responsible for any loss incurred in connection with any such deposit, and the Foundation may pay out of the Fund all sums required to be paid on account of or in respect of any such deposit;
- (e) the Foundation may sell, transfer, assign, exchange, convey, mortgage, or otherwise dispose of or lease any of the assets from time to time constituting the Fund in any manner the Foundation may deem proper and at such price, upon such terms and for such consideration as the Foundation shall deem suitable and to give any option with respect to any property in the Fund. In so doing the Foundation is empowered to execute and deliver all deeds or other instruments as may be necessary or desirable to make good and sufficient title to any such asset;
- (f) the Foundation may exercise all rights incidental to the ownership of stocks, shares, bonds and other securities, and any other investments and property held as part of the Fund, including voting all stocks, shares and other securities and issuing proxies to others; to sell or exercise any subscription rights and, in connection with the exercise of subscription rights, to use trust moneys for such purpose; to consent to and join in any plan, reorganization, readjustment, merger, amalgamation or consolidation with respect to any corporation whose stocks, shares, bonds or other securities at any time form part of the Fund, and to authorize the sale of the undertaking or properties or any portion of the properties or undertaking of any such corporation; and
- (g) the Foundation may employ such agents as it may reasonably require for the proper discharge of its obligations hereunder and may pay reasonable compensation to such agents.

9. Compensation for the Foundation

In consideration of the services to be provided by the Foundation, the Foundation shall be entitled to such compensation as the Association and the Foundation may, from time to time, agree upon. Any such compensation shall be payable out of the capital or income of the Fund in such proportions as the Association may determine.

10. **Security**

Neither the Association nor the Foundation shall be required to give any security for the performance of their respective obligations hereunder.

11. **Indemnity**

Subject to Section 6, the Association hereby indemnifies and agrees to save harmless the Foundation from and against any and all liabilities and claims (including reasonable legal fees) incurred by or made against the Foundation in respect of any action or thing it may take or do or omit to take or do in connection with this Agreement.

12. **Protection of Persons Dealing with the Foundation**

No person dealing with the Foundation or its agents shall be concerned to inquire whether the powers which the Foundation is purporting to exercise are exercisable, or otherwise as to the propriety or regularity of any dealing by the Foundation with the Fund, or to see to the application of any money paid to the Foundation; and in absence of fraud on the part of such person, such dealing shall be deemed, so far as regards the safety and protection of such person, to be within the powers hereby conferred and to be valid and effectual accordingly.

13. **Immunity of Officers, Members and Directors**

The obligations on the part of the Foundation or on the part of the Association expressed herein are solely corporate obligations and no action, suit or proceeding shall be instituted or maintained in respect thereof against any member, officer or director of any of the parties whether past, present or future and either directly or through a party or otherwise.

14. **Amendment**

No supplement, termination, modification, waiver or amendment of this Agreement shall be binding unless executed in writing by the parties hereto.

15. **Applicable Law**

This Agreement shall be construed in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and shall be treated, in all respects, as an Ontario contract.

16. **Assignment**

Neither this Agreement nor any rights or obligations hereunder shall be assignable by any party without the prior written consent of the other

party. Subject thereto this Agreement shall enure to the benefit of and be binding on the parties and their respective successors and permitted assigns.

17. **Entire Agreement**

This Agreement constitutes the entire agreement between the parties pertaining to the subject matter hereof and supersede all prior formal and informal agreements, proposals, promises, inducements, representations, conditions, warranties, understandings, negotiations and discussions, whether oral or written, of the parties.

18. **Further Assurances**

Each of the parties upon the request of the other party, shall with reasonable diligence do, execute, acknowledge and deliver or cause to be done, executed, acknowledged or delivered all such further acts, deeds, documents, instruments, assignments, transfers, conveyances, powers of attorney and assurances as may be reasonably necessary or desirable to effect the purpose of this Agreement and carry out its provisions.

19. **Notices**

All notices, requests or other communications required or permitted to be given hereunder or for the purposes hereof to any party shall be in writing and shall be sufficiently given if delivered personally and addressed as follows:

to the Foundation at:

1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6
Attention: President

to the Association at:

1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6
Attention: Executive Director

Any notice delivered to the party to whom it is addressed hereinbefore provided shall be deemed to have been given and received on the day it is so delivered at such address, provided that if such day is not a business day then the notice shall be deemed to have been given and received on the business day next following such day.

20. **Waiver**

No waiver of any breach or any of the covenants, provisions, conditions, restrictions or stipulations herein contained shall take effect or be binding upon that party unless the same be expressed in writing under the authority of that party and any waiver so given shall extend only to the particular breach so waived and shall not limit or affect any rights with respect to any other past, present or future breach.

21. **Term and Termination**

This Agreement shall be effective from the Effective Date hereof and shall continue in full force and effect until terminated by either party by written notice given by one party to the other party in accordance with Section 19. Termination shall be effective on the date specified in such notice. In the event of termination the Foundation shall forthwith deliver the Fund to the Association.

22. **Continuing Obligations**

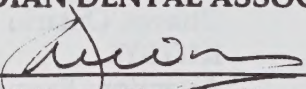
Except as the parties may otherwise agree in writing, termination of this Agreement under any circumstances shall not abrogate, impair, release, or extinguish any debt, obligation, or liability of any party to the other party which may have accrued hereunder, including without limitation, any such debt, obligation, or liability which was the cause of termination or arose out of such cause. All provisions of this Agreement which by their terms or by reasonable implication are to be performed, in whole or in part, after the termination of this Agreement, shall survive such termination.

23. **Effective Date**

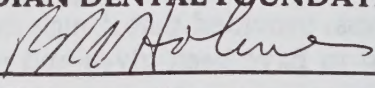
This Agreement shall be deemed to bear formal date and be in effect as, of and from the 31st day of May 1989.

IN WITNESS WHEREOF the parties have executed this Agreement this 14 day of November, 1991.

CANADIAN DENTAL ASSOCIATION

By: 
 Name: Jardine Neilson
 Title: Executive Director & Secretary

CANADIAN DENTAL FOUNDATION

By: 
 Name: Bradley W. Holmes
 Title: President

SCHEDULE A

HELENE)

CANADIAN DENTAL ASSOCIATION

PROCEEDS FROM THE ESTATE OF HELENE LANGSTAFF

AS OF MAY 31, 1989

CAPITAL BALANCE AS AT OCTOBER 16, 1986 \$1,360,000.00

Add:	Deposits	269,910.91	
Add:	Current Account Interest	16,084.18	
	Investment Income	329,371.00	615,366.09

Less:	Disbursements	\$19,732.52	19,732.52
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CAPITAL BALANCE AS AT MAY 31, 1989 \$1,955,633.57
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CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

Board of Trustees: Dr. Gordon Thompson, Edmonton, Chairman
Mr. Lee Maddison, Burlington, Vice-Chairman
Dr. Greg Baird, Halifax
Dr. François Bourassa, Regina
Dr. Robert Dupont, Montreal
Mr. Jardine Neilson, Ottawa, Ex-officio
Dr. Donald O'Connor, Ottawa
Dr. Bill Sharun, Edmonton
Dr. David Singer, Saskatoon
Dr. Arnold Steinbart, Prince George
Mr. Arthur Zwingenberger, Toronto

Fund Administrator: Mrs. Julie Hentschel

1. Meetings

The Canadian Fund for Dental Education has not met since its report to the CDA 1991 Annual Meeting; business was conducted by correspondence and telephone.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. 1992 will mark the 30th Anniversary of the Canadian Fund for Dental Education. The Fund was successfully launched by forward-thinking representatives of dental industry and the Canadian Dental Association under a Deed of Trust dated October 22, 1962.

Since its inception, the CFDE has played an important role in the development of dentistry as an integral part of overall health care. To date, more than \$3,400,000 have been raised and allocated in support of dental education, research and service.

In 1992 and beyond, the CFDE is committed to invest its resources in programs that offer the greatest benefit to the profession and the public, ensuring a bright future for dentistry.

3. 1991 Income

Our records are closed for 1991 and, although the audited statement has not yet been prepared, I am confident that these figures accurately reflect the activity of the past year.

Total income from all sources was \$396,265 in 1991, slightly less than the total income of 1990, which included a one-time \$25,000 donation to the Lorne MacLachlan Endowment Fund. \$370,445 in donations, however, were directed to the unrestricted general fund, compared to last year's \$358,671. Donations to the endowment and developing funds totalled \$25,820, which are restricted in use according to the specific guidelines of each of the funds.

I am pleased to report an increase of 8% in donations from dentists, as well as healthy increases in receipts from most other income areas.

The rise in income of 12% received on CFDE investments was due to favourable interest rates on several long-term capital investments which were acquired in 1989 and 1990 when rates were still high.

CFDE INCOME

	<u>1991</u>	<u>1990</u>
Dental Profession		
General Fund	\$109,890	\$101,604
Endowment Funds:		
Mancini Fund	4,597	12,122
McDonald Fund	175	2,862
Barrett Fund	613	4,298
Thomas Curry Fund	5,010	8,662
Charles Hunt Fund	4,790	5,425
Developing Funds:		
Donald Winget Fund	3,135	2,275
Ken Lawless Fund	7,500	-
Dental Organizations	34,375	44,999
Allied Dental Health Organizations	2,803	1,500
Allied Dental Health Professionals	2,320	2,820
Business & Industry	117,831	112,257
Living Memorial	7,675	5,200
Tributes	790	355
Other Contributors	1,246	555
Investment Income	83,385	74,414
Sundry Income	10,130	14,967
Lorne E. MacLachlan Endowment Fund	-	25,000
TOTAL RECEIPTS	<u>\$396,265</u>	<u>\$419,315</u>

4. **1991 Disbursements**

The CFDE Trustees approved grants totalling \$233,333 in 1991, and due to substantial donations to the general fund expects to distribute grants in excess of \$250,000 in 1992. The Board was pleased to offer support to twenty vital research and education programs this past year, in the promotion of dental excellence and dental awareness in Canada.

5. **1991 Operating Expenses**

Total operating expenses for 1991 were \$109,200, a respectable "recession fighting" 2.0% increase from 1990.

6. **Management Committee Meeting**

In order to better analyze the financial data presented here, the Management Committee meeting is scheduled for February 9, 1992.

7. **Endowment Funds**

Contributions to the following endowment funds: Dr. Nicholas A. Mancini Fund; Dr. George W. Barrett and Murray McDonald Memorial Funds; totalled \$15,185 in 1991.

The Board is pleased to report that the Thomas Curry Memorial Fund and the L-Col. Charles Hunt Fund have respectively reached \$10,000., which entitles each to the status of CFDE Endowment Fund. The annual interest earned on the Thomas Curry Fund will be used to assist dentists in postgraduate or graduate programs in dental public health; and income from the L-Col. Charles Hunt Fund will be used to help promote dental education and research in Canada.

8. **Developing Funds**

Donations received in memory of the late Mr. Donald Winget are recorded in the financial statements under a special designation termed "Developing Funds". A generous donation of \$7,500. received in 1991 from Dr. Ken Lawless, of Kingston, Ontario, on behalf of referring dentists in his area, is also listed as a "Developing Fund".

CFDE guidelines state that if these funds reach \$10,000. within a period of five years, they will become "Endowment Funds". If they do not, they will revert to the general fund and be unnamed.

9. **Appreciation**

This has been a difficult year economically for everyone, including fund raisers. However, as can be seen in this report, the loyalty and generosity of CFDE supporters has allowed us to hold and improve the Fund's potential for assistance to dentistry.

Thanks must also be extended to all of the organizations who contribute so much of their time and funds, and who generously promote CFDE at meetings and in their publications.

I would also like to thank all my fellow colleagues on the CFDE Board of Trustees, and our Fund Administrator, Mrs. Julie Hentschel, for their hard work and dedication in keeping the Fund strong and growing.

It is the aim of the CFDE to continue the momentum of the Fund and through its positive results, to encourage all members of the dental profession in Canada to support our work. This is necessary if we are to continue promoting increased dental awareness and improving the level of dental health care to the level it deserves.

May I express my sincere gratitude to all who contributed to CFDE in 1991. Your support is as much appreciated as it is needed. I look forward to your continued support, and I hope you will join us in celebrating our 30th Anniversary of the CFDE in 1992.

Respectfully submitted,

Gordon W. Thompson, Chairman
Canadian Fund for Dental Education

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Fund for Dental Education.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

REPORT ON THE 1991 ANNUAL MEETING

The National Dental Examining Board of Canada (NDEB) considered and acted upon the following agenda items:

1. Current Graduate Certification

To November 10, the NDEB had in 1991 issued 440 certificates to current graduates in Canada (Appendix I). The total number of graduates in 1991 was 449, six of these had not yet completed graduation requirements and three did not apply for the certificate.

APPENDIX I

A total of 12,465 certificates have been issued since the establishment of the NDEB in 1952.

The most important activity in 1991 in current graduate certification was the completion of Pilot Project I with external observers in three dental schools in Canada (universities of British Columbia, Montreal and Toronto). In overall terms, the exercise was highly satisfactory and the report of the Pilot Project 1 was to be widely distributed. The NDEB recognizes that cooperation between the schools and the NDEB is essential for the success of this endeavour.

Pilot Project 2 will be conducted in six dental schools in 1992 (at the universities of Alberta, British Columbia, Manitoba, McGill, Montreal and Western Ontario).

The NDEB was pleased to note that one of the proposals of the Certification Conference strongly supports this initiative and suggests that the NDEB develop further the external examiner/observer system, eventually establishing it as a certification requirement for all dental students in Canada. The NDEB also received full support from the students on this matter.

2. Examinations

NDEB committees and examiners spend a considerable amount of time every year in reviewing all aspects of the examination process to ensure that they are fair and reflect current knowledge and professional practice. In order for the NDEB to maintain the validity and reliability of its examinations, a continuous monitoring takes place of the various examination components, the evaluation criteria and their interrelationships.

A psychometric analysis of the NDEB examination evaluation methods was conducted in 1991 by Dr. A.I. Rothman of the Education Office, Department of Medicine, University of Toronto. Dr. Rothman's report was generally complimentary and included recommendations which were directed to the respective committees of the NDEB.

This year, the NDEB was pleased to welcome representatives from the Ontario and Alberta licensing authorities as visitors to the clinical examinations in London and Vancouver. Such visits promote understanding of both the examination process and the mandate of the NDEB.

Examination data appear in Appendix II.

APPENDIX II

3. Report of the CDA Ad Hoc Committee on Certification of Dental Specialists

The NDEB has obtained a legal opinion on the NDEB's involvement in the proposed Commission on Specialty Examinations. The following motion was carried:

"Whereas the NDEB continues to support national certification of specialists, and

Whereas the current NDEB/RCDC mechanism for a national certification of specialists is inactive, and

Whereas the NDEB has reviewed the draft report of the CDA Ad Hoc Committee on Certification of Dental Specialists August 1991, and supports the concept of specialty certification, and

Whereas the NDEB must operate according to statutory provisions of the NDEB Act of Parliament, and

Whereas legal counsel has advised that the NDEB's participation in the Commission as described by the Ad Hoc Committee on Certification of Dental Specialists would constitute the improper subdelegation by the NDEB of its powers respecting the certification of dental specialists,

Be it resolved that the NDEB inform the CDA Ad Hoc Committee on Certification of Dental Specialists that national certification of dental specialists could be achieved with NDEB participation, by the NDEB's establishment of a Standing Committee on Specialty Certification."

4. **Proceedings and Proposals of Conference on Certification of Dentists in Canada**

The NDEB acknowledged that the Conference Working Group document contained proposals only and did not necessarily represent the views of all provincial licensing authorities. The NDEB directed the Conference proposals intended for the NDEB to its appropriate committees for action.

In reply to a request from the Royal College of Dental Surgeons of Ontario, the NDEB agreed to offer assistance in the development of final examinations for graduating students of the University of Toronto and the University of Western Ontario and participate as external examiners/observers in 1993, it being understood that the NDEB certificate will remain the licensure requirement in Ontario and will be acceptable for licensure from out-of-province graduates.

Recognizing the need for a follow-up to the Conference on Certification of Dentists in Canada and a need for a forum for the NDEB to present proposals for the external examiner/observer system and changes in the foreign dentists examination, the NDEB approved the organization of a 40th anniversary Conference on "Testing and Competency Assessment for the National Standard" to be held on November 1 & 2, 1992 at the Radisson Hotel in Ottawa (immediately prior to the NDEB Annual Meeting). The list of invitees to the 1992 Conference will be similar to the one of the Quebec Conference. The NDEB allocated \$25,000. for the Conference. Further funds will be sought from CFDE.

Since the Canadian Dental Association was instrumental in the formation of the NDEB in 1952, the NDEB asked the CDA to co-sponsor the Conference and CDA has agreed.

The NDEB was also made aware of the fact that the Association of Canadian Faculties of Dentistry will be marking 25 years of existence and the NDEB decided to also ask ACFD to join the conference.

5. Report of the CDA Committee on Student Affairs

A draft of a Position Paper on the Certification and Licensure Issue in Canada was presented. Strong student support was indicated for the NDEB in its efforts to confront the issues and improve the certification process to meet the needs of the licensing authorities.

The students stated approval of the established system in Canada which requires that foreign trained dentists take NDEB examinations.

The students felt that Canadians graduating from U.S.A. dental schools should not be treated differently than foreign dentists since the issue is not nationality of the applicant but place of graduation. Students supported the NDEB's decision to integrate an external examiner process into individual dental faculties and recognized that the existing structure of certification, based solely on accreditation, may seem to be unacceptable for licensure.

6. Report of the NDEB President's Ad Hoc Committee

This committee was established in order to formally liaise with other organizations on issues of mutual concern.

The first meeting of the Committee took place on November 8, 1991 and a variety of issues were discussed. The Committee consisted of the NDEB's Management Committee, the Chairmen of the Written and Clinical Examination Committees and staff. Invitees were as follows:

Dr. L. Allen	President CDA
Mr. J. Neilson	Executive Director, CDA
Dr. G. Albert	President, ACFD
Dr. R. Brooke	Chairman, Commission on Dental Accreditation of Canada
Mr. B. Henderson	Director, Commission on Dental Accreditation of Canada
Dr. B. Barrett	Representative from Provincial Licensing Authorities
Dr. B. Rocky	Representative from Provincial Licensing Authorities

The President's Committee was established as a Standing Committee of the NDEB.

7. **Parker Report**

All recommendations concerning by-laws had been dealt with by the By-laws Committee. The matter of the "home" for accreditation had also been resolved since the NDEB had agreed, and publicized the fact, that it had no interest in assuming responsibility for the administration of accreditation.

8. **Legal Activity**

The NDEB lost its case in the Supreme Court of Canada on October 2, 1991.

Background:

In 1982, two failed candidates challenged the NDEB's role in the Federal Court. They lost. In 1985 these candidates went to the Ontario Human Rights Commission which proceeded with an investigation. The NDEB argued that, as an agency established by the Parliament of Canada, it should not be subject to a provincial human rights jurisdiction but rather the federal one. The NDEB lost its argument in the Divisional Court of Ontario, asked for leave to appeal to the Supreme Court of Canada, received the leave but lost the argument.

The NDEB lost the case mainly because all provinces do not fully participate in the NDEB's certification process. If and when all provincial licensing authorities unconditionally recognize the NDEB certification process, the NDEB's legal position will be considerably strengthened.

Another consequence of the Supreme Court judgement is that the NDEB can now be investigated potentially by ten provincial human rights agencies as well as ten provincial court systems rather than one federal one. These developments may prove to be costly to the NDEB, in both staff time and legal fees.

The case described cost the NDEB \$212,000. in legal fees without the Supreme Court hearing costs. The NDEB has also been assessed court costs which may be considerable. Fortunately, all these fees have so far been covered by insurance payments.

At present, the NDEB has a case pending in the Federal Court of Canada initiated by an unsuccessful candidate from the December 1990 clinical examination.

9. Finances

The NDEB was informed in December 1990 that current graduate certification fees would be subject to GST. The NDEB appealed this decision to the Minister of Finance in January 1991 as well as identified individuals in the Department of Finance who were able to explain the NDEB's position and the unfairness of the department's interpretation of the GST legislation. On November 5, 1991, the NDEB was informed that the GST was no longer applicable to current graduate certification fees. The NDEB also expressed gratitude to CDA for its efforts in this matter on behalf of the NDEB.

The NDEB approved fee raises of 5% for current graduates, 6% for examinations and a budgeted deficit of \$101,400. Budget items outside of regular operation costs were:

1.	External examiner/observer Pilot 2	\$40,250.
2.	Foreign Dentists Examination restructuring	\$42,100.
3.	1992 Conference - NDEB allocation	\$25,000.

The NDEB increased the grant to accreditation to \$36,000. in 1992, from \$18,000., and raised the members' per diem from \$200. to \$250.

The NDEB is hopeful that financial assistance will be forthcoming from the provincial licensing authorities since a fully operational external examiner/observer system and purchase of simulation materials for examinations will significantly increase the NDEB's expense.

10. Reports from other Organizations

The NDEB was addressed by the President of the CDA, the Past-President of ACFD and the President of the RCDC.

11. Officers of the Board

President	Dr. A.F. LaBounty
President-Elect	Dr. R.C. Baker
Past-President	Dr. A.L. MacLean
Executive Committee Members	Dr. R.G. Canning
	Dr. R. Salois
Executive Director & Registrar	Dr. G. Kravis
Executive Secretary & Treasurer	Mrs. F. Dawes

12. Meeting Dates - 1992

Executive Committee	5 April	Ottawa
Executive Committee	31 October	Ottawa
Proposed Conference	1 & 2 November (until noon)	Ottawa
Annual Meeting	2 (p.m.) & 3 November	Ottawa

13. Examination Dates - 1992

<u>Examination</u>	<u>Dates</u>	<u>Location</u> (Canada)
May/June 1992		
Written	19 & 20 May	*
Clinical - Part A	26 & 27 May	London, Ont.
- Part B	29 May, 1 & 2 June	London, Ont.
- Part C	3, 4 & 5 June	London, Ont.
Comprehensive	19 May - 5 June	London, Ont.
August 1992		
Clinical - Part A	4 & 5 August	Vancouver, B.C.
- Part B	7, 10 & 11 August	Vancouver, B.C.
- Part C	12, 13 & 14 August	Vancouver, B.C.
October		
Written	5 & 6 October	*
December		
Clinical - Part B	11, 14 & 15 Dec.	Montreal, Quebec
- Part C	16, 17 & 18 Dec.	Montreal, Quebec

* Written examinations are held at selected university centres

Respectfully submitted,

G. Kravis, Executive Director and Registrar
National Dental Examining Board of Canada

FILING OF REPORT

The Board of Governors receives with appreciation the report of the National Dental Examining Board of Canada.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
 LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

NDEB CERTIFICATES ISSUED TO CURRENT GRADUATES

FACULTY	1988		1989		1990		1991	
	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.
ALBERTA	45	45	45	45	49	49	43	43
B.C.	37	37	40	40	39	39	37	37
DALHOUSIE	45	45	38	38	40	40	27	26
LAVAL	30	29	38	38	42	42	51	51
MANITOBA	29	29	29	29	28	28	24	24
MCGILL	39	38	35	35	40	40	37	37
MONTREAL	74	73	70	70	70	68	80	79
SASKATCHEWAN	16	16	18	18	19	19	17	17
TORONTO	105	105	86	86	95	95	94	93
WEST. ONT.	39	39	40	40	38	38	40	40
TOTAL	459	456	439	439	460	458	450	447

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
 LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

GRADUATES OF USA DENTAL SCHOOLS

YEAR	EXAMINATION							
	WRITTEN		CLINICAL A		CLINICAL B		CLINICAL C	
	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.
1986	15	93	-	-	24	38	11	64
1987	30	80	-	-	21	38	15	40
1988	40	93	-	-	33	48	41	27
1989	43	86	28	39	19	58	26	54
1990	50	86	48	44	24	46	18	56
1991	29	79	25	52	24	46	10	30

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
 LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

GRADUATES OF UNAPPROVED DENTAL SCHOOLS

YEAR	EXAMINATION							
	WRITTEN		CLINICAL A		CLINICAL B		CLINICAL C	
	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.
1986	147	42	93	45	124	40	78	44
1987	143	45	102	42	109	39	86	40
1988	168	64	127	43	102	43	80	39
1989	170	56	142	65	129	38	114	33
1990	175	57	128	53	143	46	85	52
1991	208	66	138	54	110	65	91	71

THE ROYAL COLLEGE OF DENTISTS OF CANADA

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Annual Meetings

The 1991 Annual Meeting of the Council of the RCDC was held in Québec on Sunday, August 26th, together with the Convocation and Annual Dinner that evening. We are presently planning on holding our 1992 functions at the same time as the CDA's in Calgary. Due to the heavy expense of presenting a Symposium every second year, and a very poor audience at the one held in Ottawa in 1990, we will not have a Symposium in 1992 and instead are planning for a workshop in 1993 for our examiners, which will also possibly include Canadian dental graduate program directors and staff.

At the 1991 Convocation 10 new Fellows and 31 new Members were admitted to the College, bringing total numbers to 383 Fellows and 345 Members. The total number of licensed specialists in Canada is 1576. The Convocation Ceremony was enhanced by an address from Dr. Larkin Kerwin, who since March, 1989 has been President of the Canadian Space Agency, and who fascinated his audience with a talk illustrated with slides, depicting Canada's role in developments in space technology which have benefited such fields as industry and medicine. Dr. Kerwin's talk was entitled "The Universe on Five Cents a Day: Space Research and the Canadian Taxpayer".

2. Council and Chief Examiner Vacancies

Dr. Guy Maranda, Québec, became the first francophone President of the College at the 1991 meeting, for a two-year term. Dr. John McComb, Toronto, was elected Vice President. Dr. Michael MacEntee, Vancouver, who is the Councillor representing the Prosthodontics section, was elected as Council's representative on the Executive Committee.

The second three-year term of office on Council of Drs. Pierre Dow, Endodontics, R. John McComb, Oral Pathology and Melvin Charendoff, Pediatric Dentistry, expired in 1991. Elections were held in all three sections, with Dr. John Fraser, Dr. Robert Priddy, both of Vancouver, and Dr. Marvin Klotz, Toronto, being elected respectively. Drs. Gordon Thompson, Dental Public Health, Chris Lavelle, Dental Sciences and Michael MacEntee, Prosthodontics were all re-elected by acclamation for a second term. All other positions on Council remain the same.

The second term of Dr. Priddy as Chief Examiner in Oral Pathology came to an end on December 31, 1991, and Council adopted the recommendation that Dr. Edmund Peters, Edmonton, be the new Chief Examiner in the specialty, effective January 1, 1992, for an initial three year term.

3. Examinations

Fellowship and Membership examinations were offered in May/June and October/December, 1991, with the following results:

	<u>Fellowship</u>		<u>Membership</u>	
	<u>Pass</u>	<u>Fail</u>	<u>Pass</u>	<u>Fail</u>
Dental Public Health	-	-	1	-
Endodontics	2	-	1	-
Oral & Max. Surgery	-	1	7	-
Oral Pathology	1	-	-	-
Oral Radiology	1	-	-	-
Orthodontics	4	-	10	-
Pediatric Dentistry	-	-	2	-
Periodontics	2	-	5	1
Prosthodontics	-	-	1	-
	<u>10</u>	<u>1</u>	<u>27</u>	<u>1</u>

Written examinations were held in Vancouver, Edmonton, Winnipeg, Toronto, Montréal, Québec City, Halifax, Portland (Oregon), Detroit and Leeds, U.K. with the orals in Vancouver, Winnipeg and Toronto.

The College again sustained a financial loss on the examinations, but Council did not feel comfortable in imposing an increase in examination fees for 1992, so they remain at \$750., with \$500. for re-sits and \$250. for credentials review only.

4. Oral and Maxillofacial Surgery Examinations

Council approved a proposal from its Chief Examiner and Councillor in the OMFS section to discontinue offering the Membership Examination in the specialty, effective 1992. All OMFS Fellows and Members of the College, as well as provincial and the national OMFS groups, were invited to comment on the proposal before it went to Council, and the response rate was very high. There was overwhelming approval to proceed with the recommendation to eliminate the OMFS Membership Examination.

The new OMFS Fellowship Examination will combine elements of both the previous Membership and Fellowship Examinations, and have an extensive, 6-hour written component as well as a 3-hour oral; these components will be scheduled six weeks apart. Candidates will be required to pass the written component in order to proceed to the oral. Both components will be offered twice a year.

The requirements for the Fellowship Examination have been amended so that candidates may take the examination at the end of the fourth year of the graduate program and, if successful, may therefore become Fellows on completion of the program. Those Oral and Maxillofacial Surgeons who are presently Members of the College will also be eligible to take the new Fellowship Examination, but will not be required to do the written component. However, this option will only be available to them for a limited time of seven years, i.e. until 1998. Otherwise, they will remain Members of the College for life within the existing terms of reference regarding membership and dues.

Respectfully submitted,

Guy Maranda
President, Royal College of Dentists of Canada

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Royal College of Dentists of Canada.

ASSOCIATION OF PROSTHODONTISTS OF CANADA

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

May 28, 1987 APC met in Montreal. The CDA Dental Specialties Committee representative will be the new president of the APC Dr. Hubert Gaucher.

June 18, 1988 APC met in Halifax. Dr. H. Gaucher gave a long report of what occurred at the CDA's Specialties Committee.

June 12, 1989 APC met in Toronto. Dr. H. Gaucher completed his term as our representative on the CDA Dental Specialties Committee and will be replaced by Dr. S. Chaney who practices in Ottawa. The CDA Journal Prosthodontic Editor is Dr. M. MacEntee. Ad-hoc Committee was formed on the subject of National Certification with Dr. R. Fisher as Chairman.

Time did not permit discussion of the following:

- 1) The draft CDA document: Dental Patient - Charter of Rights
- 2) The CDA's desire for Officer's & Director's Liability Insurance for Officer's of the Specialty Sections.
- 3) The CDA's statement on Ethical Considerations of the Replacement of Serviceable Amalgam Restorations.

November 1, 1990 APC met in Charleston, South Carolina. Dr. H. Gaucher was still the representative to the CDA Specialties Committee in 1990. This was Dr. Gaucher's last term and Dr. S. Chaney was to replace Dr. Gaucher, on the CDA Specialties Committee. However, Dr. K. Sutherland and the Executive felt that Dr. R. Fisher should replace Dr. H. Gaucher to the CDA Specialties Committee. The reason for this was that Dr. R. Fisher was Chairman of the APC Ad-Hoc Committee on National Certification and therefore has more input to offer on this subject.

August 24, 1991 APC met in Quebec City. Honorary member Dr. George Zarb received the CDA Distinguished Service Award which was a significant recognition by our national body, on nomination by this organization.

CDA Specialties Committee report: Dr. R. Fisher reported that at this meeting Mr. B. Henderson suggested that the CDA will send out a trial-balloon document on the subject of National Certification and Licensure. Dr. R. Fisher suggested that the President or Secretary-Treasurer of APC ask the CDA for a copy of the Parker Report which was commissioned by the NDEB. Dr. L. St. Pierre received a letter from the CDA under the heading Licensing of Prosthodontists that all provinces recognize the specialty of Prosthodontics in Canada. The Executive raised questions, if this fact was true. The reason was that Dr. R. Fisher during his chairmanship on the Ad-Hoc Committee for National Certification and Licensure received a letter from Dr. J.G. Thompson Executive Director/Registrar of the Association of Prosthodontists of Canada Specialty Section Reports to CDA Board of Governors.

New Brunswick Dental Association. In that letter dated 28th of April 1989 it states "Of the ten (10) listings of specialist categories by the Canadian Dental Association standard. The one (1) exception not recognized by the Province of New Brunswick is the specialty of Prosthodontics".

Since there was some conflict in the above statement by the CDA, Dr. St. Pierre was directed to investigate this further.

Respectfully submitted,

Ronald Fisher,
President-Elect,
Association of Prosthodontists of Canada

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Association of Prosthodontists of Canada.

CANADIAN ASSOCIATION OF ORTHODONTISTS

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Association of Orthodontists had its 42nd Annual Scientific Meeting in Quebec City, Quebec just prior to the C.D.A. meeting. The president, Dr. Malcolm Yasny of Toronto, presided.

1. We have presented Distinguished Service awards to Dr. Doug Eisner (Halifax) and Dr. Bruce Ross (Toronto). Our 1992 Award of Merit will be presented to Dr. Jean-Louis Ares (Edmonton) in Calgary at our 43rd Annual Scientific Meeting.
2. Dr. Ed Yen resigned as Specialty Editor to the C.D.A. Journal and Dr. Ken Glover of Alberta was appointed in his stead. Dr. Yen is presently serving as C.A.O. Specialty Section representative to the C.D.A. Dr. Glover has also become editor of our C.A.O. Newsletter.
3. Our efforts at soliciting for our Canadian Foundation for the Advancement of Orthodontics (CFAO) fund are now in a process of re-organization to attempt a more sophisticated approach with a view to improving our efforts at increasing donations. Dr. Lee Erikson (Halifax) and Dr. Yal Malkin (Vancouver) are pursuing a new program to increase membership support for our research foundation.
4. Our 1992 Annual Scientific Meeting will be held in Calgary, from August. (The Grieve lecturer will be Dr. Robert Boyd (San Francisco)).
5. The C.A.O. has answered each request, by the C.D.A., for comments on several briefs: Ethics, Coding and Sponsor Approval. Although we have spent considerable time and effort at these tasks, we are somewhat uncertain at how seriously our suggestions are taken.
6. Dr. Terry Carlyle (Edmonton) prepared an outstandingly comprehensive manual for our membership. The manual outlines all the services as an excellent aid for new and present members. It discusses such matters as insurance forms and GST as they apply to our particular specialty. Dr. Carlyle has recently assumed the office of President of the C.A.O.
7. Dr. John Kalbfleisch (Mississauga) and Dr. Michael Wainwright (Vancouver) continue to revise our proposed strategic planning. This effort has been tailored along the lines of the American Association of Orthodontists. Both short and long term objectives are being reviewed.

8. We continue to pursue a public relations program but on a provincial level. This year, in Ontario, we have scheduled 12 radio interviews in a 5 week period. These efforts are all addressed in a positive manner directed only as an information service to the public. The interviews are heard on stations throughout the province. We anticipate TV coverage at a later date.
9. We continue to be vitally interested in the actions of the R.C.D.E. and the N.D.E.B. as they pertain to specialty certification. We are delighted that Dr. Oleg Kopytov, who has intimate knowledge of such matters, serves as a CDA governor.
10. Membership: Our membership continues to grow and the following is our current numbers (November 1991).
- | | |
|---------------------|-----------|
| a) Active members | 415 |
| b) Life Members | 36 |
| c) Retired Members | 11 |
| d) Honorary Members | 6 |
| e) Student Members | <u>26</u> |
| | 494 |
11. New Executive for 1991-92:
- | | |
|------------------------|------------------------------------|
| President: | Dr. Terry Carlyle (Edmonton) |
| President Elect: | Dr. Michel Farmer (Pointe Claire) |
| Past President: | Dr. Malcolm Yasny (Toronto) |
| First Vice President: | Dr. Michael Wainwright (Vancouver) |
| Second Vice President: | Dr. Lee Erickson (Halifax) |
12. Recently (October 1991), the C.A.O. has written a letter regarding the inclusion of orthodontics, in the C.D.A.'s new brochure on "Cosmetic Dentistry". We have expressed our concerns at the potential negative impact this may have. We have requested copies of this pamphlet to be reviewed by our Board and discussions/recommendations to be made at our Ad Interim Meeting March 7-8, 1991. This issue was recently raised in a "Questions and Answer" forum in Consumer Reports magazine (November 1991). Our President responded with C.A.O.'s concerns.

Respectfully submitted,

Terry D. Carlyle, D.D.S., M.Sc.
President

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Association of Orthodontists.

CANADIAN SOCIETY OF PUBLIC HEALTH DENTISTS

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

Report of the Annual Business Meeting of the Canadian Society of Public Health Dentists

Monday, August 26, 1991, Hôtel des Gouverneurs, Quebec City, Quebec

Call to Order by the President, Dr. B. LaFontaine.

Passages: Two of our members passed away during the year:

- Dr. Paul Simard, of Laval University in Quebec City, after a brief illness.
- Dr. John M. McConchie, in Squamish, B.C., on June 5, 1991.

Reports were received on the following topics:

- Dr. Thomas M. Curry Memorial Fellowship Fund
- Steering Committee on Oral Health Promotion
- Guidelines for Referring Patients to Dental Specialists
- Sponsor Approval Program of the Academy of General Dentistry
- Requirement for Approval of a Graduate/Postgraduate Program in Dental Public Health
- Certification of Dental Specialists
- Code of Ethics
- CDA Dental Specialties Committee
- National Dental Epidemiology Project
- CSPHD Committee Reports
- Constitution and By-Laws
- Royal College of Dentists of Canada
- McGill Faculty of Dentistry
- Follow-up to the 1990 Ottawa Symposium on Community Dental Research
- CSPHD position in regard to AIDS

Election of New Officers for 1991-1993:

President:	Neil A. Farrell
President-Elect:	Peter Cooney
Past-President:	Benoit LaFontaine
Secretary-Treasurer:	Marcel Tenenbaum

Next Meeting: in Calgary in 1992.

Respectfully submitted,

Marcel Tenenbaum
Secretary-Treasurer

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Society of Public Health Dentists.

BOARD OF GOVERNORS

CANADIAN DENTAL ASSOCIATION

DU BUREAU DES GOUVERNEURS

L'ASSOCIATION DENTAIRE CANADIENNE

CALGARY, ALBERTA

AUGUST 28-29
LES 28 ET 29 AOUT

CDA STAFF

P.R. Crawford, Editor
T. Davis, Managing Editor
S. Deziel, Manager - Executive Services
P. Duminy, Coordinator
B. Henderson, Director of Education and Accreditation/
Professional Services
S. Matheson, Associate Director, Education and Accreditation
J.R. Neal, Director of Administration
A. Schwartz, Associate Director, Professional Services
C.A. St.Laurent, Manager, Membership Services
L. Teteruck, Director of Communications

OBSERVERS

NAME

AFFILIATION

G. Albert	Association of Canadian Faculties of Dentistry
R. Beyers	Royal College of Dental Surgeons of Ontario
J.W. Blair	Alberta Dental Association
L. Boomhour	Canadian Dental Hygienists' Association
D.M. Bonang	Provincial Dental Board of Nova Scotia
J. Brass	College of Dental Surgeons of British Columbia
S. Brayton	Canadian Academy of Endodontics
J. Brown	Manitoba Dental Association
K. Butler	Canadian Dental Service Plans Inc.
M. Chiarot	Committee on Student Affairs - CDA
M. Connolly	Dental Association of Prince Edward Island
F. Cotton	Canadian Dental Hygienists' Association
C. Covit	Ordre des dentistes du Québec
C.P. Daly	Newfoundland Dental Board
G. Dubé	Canadian Dental Service Plans Inc.
L. Emmerson	Association of Canadian Faculties of Dentistry
R. Ellis	Royal College of Dental Surgeons of Ontario
J.C. Gillies	Ontario Dental Association
J. Hentschel	Canadian Fund for Dental Education
B. Holmes	Canadian Dental Foundation
G. Kravis	National Dental Examining Board of Canada
A. LaBounty	National Dental Examining Board of Canada
P.Y. Lamarche	Ordre des dentistes du Québec
V.J. Lanctis	Canadian Forces Dental Service
M. Lasko	Manitoba Dental Association
D. Lauriente	College of Dental Surgeons of British Columbia
H.T. LeBlanc	Nova Scotia Dental Association
B. Leroy	Alberta Dental Association

OBSERVERS

<u>NAME</u>	<u>AFFILIATION</u>
G. MacDonald	Newfoundland Dental Association
G. Maranda	Royal College of Dentists of Canada
R. Markey	Canadian Dental Service Plans Inc.
B. Martinello	Alberta Dental Association
D. McFarlane	Ontario Provincial Dental Director
R.H. McIntyre	Manitoba Dental Association
P. McQueen	Canadian Forces Dental Service
J. Messer	Newfoundland Dental Association
K. Montgomery	Royal College of Dentists of Canada
R. Moran	Canadian Dental Service Plans Inc.
J. Niedermayer	Past President - CDA
D. Pamenter	Nova Scotia Dental Association
M. Paquin	Canadian Dental Assistants' Association
A.B. Plunz	College of Dental Surgeons of Saskatchewan
P. Pronych	Canadian Academy of Pediatric Dentistry
C. Ross	Fédération Dentaire Internationale
R. Romcke	Prince Edward Island Dental Director
J.L. Rioux	New Brunswick Dental Society
B. Rocky	College of Dental Surgeons of British Columbia
W. Rosebush	College of Dental Surgeons of British Columbia
L. Samek	Ontario Dental Association
H. Scherle	Manitoba Dental Association
R. Sexton	Canadian Dental Service Plans Inc.
E. Stefanson	Canadian Pharmaceutical Association
G. Sweetnam	Ontario Dental Association
G. Thompson	Canadian Fund for Dental Education
R. Thordarson	College of Dental Surgeons of British Columbia
R. Turcotte	New Brunswick Dental Society
F. Turner	College of Dental Surgeons of British Columbia
M. Williamson	British Columbia Dental Director
B. Wishart	New Brunswick Dental Society
J. Wright	Canadian Dental Service Plans Inc.
P.A. Zillen	Fédération Dentaire Internationale
G. Zwicker	Canadian Dental Service Plans Inc.

**CANADIAN DENTAL ASSOCIATION
BOARD OF GOVERNORS**

OFFICERS & OFFICIALS

Chairman of the Board of Governors
Secretary to the Board of Governors

N.A. Mancini
A.J. Neilson

EXECUTIVE COUNCIL

L. Allen President - Chairman
B. Dolansky, President-Elect
R. Wenn, Vice-President

J. Brookfield
B. Dolman
T. Gushue

B. Sigfstead
R. Smith*
B. White

BOARD OF GOVERNORS

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R.D. Sandilands
B. Sigfstead

NEWFOUNDLAND

T. Gushue

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R.M. Balfour
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P. Fendrich
W. Glave
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J. Dillon

NEW BRUNSWICK

R. Murray

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C. Jack

QUÉBEC

M. Blain
B. Dolman

AFFILIATE (QUÉBEC)

O. Kopytov

SASKATCHEWAN

B. White

**CDN. FORCES DENTAL
SERVICES**

J.F. Begin

STUDENT REPRESENTATIVE

K. Nanji

HEALTH & WELFARE

(vacant)

VETERANS AFFAIRS

J.C. Tsafaroff

Recording Secretary: Mrs. S. Burton

* Executive Council member until end of July 1992.

COUNCIL/COMMITTEE/COMMISSION CHAIRMEN

R. Brooke (Accreditation)
D.E. MacFarlane (CDAnet)
R. Wenn (Communications Steering)
G.H. Peacock (Constitution & By-Laws)
J. Gryfe (Community & Inst. Dentistry)
M. Eggert (Consumer Products Recognition)
M. Jahjah (Conventions)
R. Barolet (Dental Materials & Devices)
I. Vogan (Dental Specialties)
G. Thompson (Education)

M. Deyette (Ethics)
R. Wenn (Government Relations)
M. Charendoff (Insurance & Inv.)
L. Allen (Management)
B. Dolman (Membership)
B. Dolansky (Nominations)
D.E. MacFarlane (PRUC)
D. Cooper-Lall (Student Affairs)
R.N. Hicks (Taxation)
L. Dugal (Third Party)

PRESIDENT'S REMARKS
Annual Meeting of the CDA Board of Governors
August 28, 1992

Mr. Chairman, Members of the Board, Honoured Guests, Ladies and Gentlemen,

Welcome to Calgary for the beginning of an exciting week -- filled with meetings, social functions, reunions and I hope just some good old fashioned fun, as we begin the first day of our 72nd Annual meeting.

Bienvenue tout le monde!

We have a number of issues which we must deal with, in the next few days -- these are of a broad scope, all of which have important political and financial implications. Our decisions will also provide Management, Executive and staff with the background needed for our important Planning Session in October. I ask you to keep this in mind during our deliberations.

Three years ago, we identified communications as our number one priority and set forth the mechanics to ensure that it was treated as such. Under President Kevin Roach, we established the Communications Steering Committee which collected the data required to design a successful approach, and through surveys, interviews and consultations with professionals, provided us with the direction to carry through with our communications program. This continues to be our number one priority. Some of our activities have changed, and our directions may be altered, but we maintain the same goal: to serve our members, both individual and corporate.

As President this past year, I can be thankful for having my home in the centre of this vast country. I have visited all the provinces, except New Brunswick, at least once. Ms. Teteruck and I attended eight of ten grad dinners together, and Mr. Neilson and I have been to eight provincial association meetings. We have met with the National Dental Examining Board, and with the RCDS in conjunction with ACFD and NDEB. Our relationship with CDSPI and a better comprehension of our needs continue to strengthen through the Management meetings which we have held. This year, in recognizing the 125th anniversary of the Ontario Dental Association, our Management team attended the ODA Board Meetings and participated in the celebration of this historic event.

I personally want to thank Dr. David Somer and Mr. John Gillies for their efforts on behalf of the CDA in our membership campaign. Through their kind invitation to the CDA, I was able to attend a number of component society dinners where the CDA was very well received, and I believe the same was true when Dr. Dolansky went into his old battle ground on our behalf in southern Ontario.

The meetings held with CDSPI Management, the NDEB Board and Management and the facilitatory role we played with the NDEB, the RCDS and the ACFD point out the importance of communicating on issues on an ongoing basis, and the benefits which can be derived from such an approach.

As I stated earlier, the information derived at our Annual Meeting helps us immensely in the development of our Planning Sessions. This past year, we re-visited our mission statement which was brought before you at the Interim Meeting. It is now being quoted widely in our communications vehicles, and the watchword is, and I quote: "Dedicated to meeting member needs". We, at CDA, must be dedicated to serving our membership; and most importantly, we must find the big hook that will ensure an increase in the number of members in Ontario and Quebec.

Last year, I said that in 1992 and for the foreseeable future, we would balance our budget and, we have worked very hard in that direction. We have been very careful on the expenditure side of the sheet. I would congratulate Mr. Neal and all the senior staff on their efforts to ensure that we have a good handle on exactly where we are on a monthly basis. A decrease in revenues, due to a decrease in membership has hurt us, as well as enormous legal bills incurred with respect to the QDSA and the life surplus, but this is all part of everyday national association life, whether it be in the business world or in association activities. We are still working very hard on achieving a balance on a six million dollar budget.

I am terribly disappointed that the CDA must spend so much of its resources, time, money and human effort in a conflict with a corporate member. I hope that this will be soon behind us.

Néanmoins, j'aimerais ajouter mes sincères remerciements pour l'accueil chaleureux que nous accordaient l'Ordre des dentistes du Québec aux Journées Dentaires.

I would add that the CDA was very well and warmly received in Montréal at les Journées dentaires by many members at the CDA booth on the convention floor, and at the Alpha Omega dinner.

CDA is working and working well. CDAnet is working and working well. We have a long way to go before this investment, which we show on the balance sheet, breaks even. There was a time when I was quite concerned that dentistry was falling behind on its obligations with regard to CDAnet's success. Today, I believe we are ahead of our partners. The vendors still have dentists who are not on CDAnet, but who have requested to be. The insurance companies are not where they implied they would be with regard to accepting claims and forwarding payments, nor are as many claims available as expected for electronic submission because of employer verification contracts. We must continue to work at it - putting pressure on everyone involved to ensure CDAnet success. The sooner the money flows, the sooner our financial position will stabilize.

I want to thank all of those who served the CDA so well in the past year. Committee and Council members and chairpersons, Board members, the Executive Council, Drs. Dolansky and Wenn, my Management team, and indeed a special thank you to Jardine and the people at CDA who have made this a very enjoyable time to serve dentistry. To you, Mr. Chairman, thank you for your humour, patience and skill.

Merci à tous et chacun, et particulièrement à vous, monsieur le Président, pour votre sens d'humeur, votre patience, et, surtout, votre compétence. Ce n'est pas facile, on le sait.

Les Allen, B.Comm., D.M.D.
President

EXECUTIVE COUNCIL

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

- Members:** Dr. Les Allen, Winnipeg - Chairman
Dr. Bernard Dolansky, Ottawa
Dr. Raymond Wenn, Charlottetown
Dr. Barry Dolman, Montréal
Dr. Jim Brookfield, Kirkland Lake
Dr. Toby Gushue, St. John's
Dr. Bryun Sigfstead, Edmonton
Dr. Ron Smith, Duncan
Dr. Bernie White, Saskatoon
- Senior Staff:** Mr. Jardine Neilson, Executive Director
Mrs. Sandra Deziel, Manager - Executive Services
- Coordinator:** Mrs. Suzanne Burton

1. Council Meetings

Since the 1992 Interim Meeting of the CDA Board of Governors, the Executive Council has met once, on June 5-6, 1992.

ITEMS REQUIRING BOARD ACTION

2. Appointment of CDA Auditors

RESOLVED:

92.30 THAT the firm of McCay, Duff and Company be appointed CDA auditors for the fiscal year 1992.

ADOPTED

3. CDSPI - Council on Insurance and Investment

To comply with Article XVI, Section 4 (b) of the CDA Constitution and By-Laws,

RESOLVED:

- 92.31** **THAT the Board of Directors of CDSPI be appointed the CDA Council on Insurance and Investment for the calendar year 1993.**

ADOPTED

4. Canadian Dentists' Insurance Program - 1991 Financial Statements

RESOLVED:

- 92.32** **THAT the Audited Financial Statements for the Canadian Dentists' Insurance Program for the year ending December 31, 1991, be approved.**

APPENDIX I

ADOPTED

5. FDI National Treasurer

The National Treasurer to FDI is an annual appointment by the Board of Governors. It has been a concern of the Executive Council that consistency should be maintained in this appointment until 1994 when the FDI International Congress will be held in Vancouver. Notwithstanding this concern, the Executive Council reviewed the expenses associated with the FDI Congress delegation in light of CDA's current financial position, and the ability to effectively promote FDI 1994, with reduced representation. Recognizing that the annual attendance of CDA's Executive Director at the FDI Congress represents optimal continuity, and that support to promote FDI 1994 has been offered by individuals attending the Congress outside of the CDA delegation,

RESOLVED:

- 92.33** **THAT Mr. Jardine Neilson, CDA Executive Director, be appointed FDI National Treasurer for 1993.**

THAT the CDA's official delegation to the FDI Congress in 1992 be amended to Dr. Bernie Dolansky, CDA President and Dr. Michel Jahjah, Convention Chairman.

ADOPTED

Mr. Jardine Neilson will attend the 1992 Congress as an Alternate Delegate.

6. CDA Position Statement on Supervision Requirements for Dental Hygienists

At the 1992 Interim Meeting, Governors examined a CDA Position Statement on Supervision Requirements for Dental Hygienists, as revised by the Executive Council at its January Pre-Board Meeting. In presenting to Governors, the Chairman of the Ad Hoc Committee reviewing the Position Statement identified several further adjustments necessary to more clearly articulate CDA's position. Governors directed that the Position Statement be referred to the Management Committee for modification, and presentation for consideration at the 1992 Annual Meeting.

Based on the direction of the Board, a revised Position Statement was circulated to Corporate Members and Licensing Bodies for further input. At its June Meeting, the Executive Council examined the Position Statement as circulated, and requested that it be re-structured to emphasize the principles which must be respected, in order to maintain and protect high standards of oral health care in Canada. Examples of practical arrangements for the Supervision of Hygienists have been incorporated as an appendix to the principles defined in the Position Statement.

APPENDIX II**RESOLVED:**

- 92.34** **THAT** the words "with appendices and any reference to appendices removed from the Statement" be added to the following recommendation.

ADOPTED**RESOLVED:**

- 92.35** **THAT** the appended CDA Position Statement on Supervision Requirements for Dental Hygienists be approved, with appendices and any reference to appendices removed from the Statement; and,

THAT this Statement supersede any previous CDA Statements on Supervision Requirements for Dental Hygienists.

ADOPTED

- NOTE:** The two Governors representing the corporate member in Québec and the Governor representing the corporate member in Manitoba were opposed.

7. **Uniform System of Codes and List of Services - Process for Revision**

Correspondence has been received from several Corporate Members outlining their views on the role of the Third Party Dental Plans Committee and the CDA Board of Governors regarding incorporation of new codes into the CDA's Uniform System of Codes and List of Services (USCLS). As the appended correspondence outlines, the opinion exists that the CDA role should be one of reviewing a particular service definition, ensuring that it does not duplicate an existing procedure, and assigning an appropriate code. Historically, additions to the USCLS have been presented to the Board of Governors for approval. In its report to the 1991 Interim Meeting, the Executive Council re-affirmed this role, and further clarified the procedure necessary for designating new materials and procedures as acceptable.

Appended for the Board's review are correspondence received from Corporate Members and a paper outlining the issue and concerns and specifying the current process.

APPENDIX III-A

The Executive Council requested that the Board consider this material and provide further direction on its future role and that of the Third Party Dental Plans Committee on the addition of new codes to the USCLS.

RESOLVED:

92.36 **THAT items 5 of the Terms of Reference for the Third Party Dental Plans Committee be amended with the following addition:**

"The Committee will respond to requests from corporate members and advise them which code and description fits into the USCLS. With regard to new procedures not currently in the USCLS, or changes in definition or reorganization, a report will be prepared, circulated to appropriate provincial bodies and recommendations presented to the Board of Governors for approval."

ADOPTED

The revised terms of reference for the Third Party Dental Plans Committee are appended.

APPENDIX III-B

8. Representation on the CDA Board of Governors

Executive Council received information from the Management Committee on current membership statistics as they relate to representation on the CDA Board of Governors.

As provided by Article XVIII of CDA By-Laws, the number of paid-up active members contained in the List of Active Members submitted by a Corporate Member, together with licensed life members, guarantee the count for Board seats for the Annual and next following Interim Meeting. Statistics are verified on July 31 of each year. Given the current policy with regard to student members and the payment of fees,

RESOLVED:

- 92.37** **THAT the words "upon licensure" be added to the following recommendation.**

ADOPTED

RESOLVED:

- 92.38** **THAT student members be counted as active members upon licensure following graduation; and**

THAT this count be considered in the determination of representation on the CDA Board of Governors.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**9. Legal Review - Management of CDIP Surpluses**

As Governors are aware, CDA has commenced the necessary action to obtain an opinion of a Justice of the Ontario Court of Justice (General Division) Commercial List as to the performance of the Executive Council, as Trustees, in the management and distribution of CDIP surpluses. Counsel for the QDSA has petitioned the Court for a bilingual justice, and an appointment has been made.

Mr. Kenneth T. Ransby, Vice-President of Towers, Perrin, Foster & Crosby Inc., Drs. Ronald Markey, Bernard Dolansky and John Durran have been cross-examined by QDSA Counsel.

Mr. Burton Tait of McCarthy, Tétrault is representing all provincial association participants in CDIP in this action.

The case will be heard commencing on June 15. Following receipt of the judgement and advice from the Commercial Law Review Panel, the QDSA lawsuit against the CDA will be considered.

10. **Discussion Forum - Licensing Authorities**

The Executive Council is aware of the discussion that is taking place within the community of the provincial Licensing Authorities, expressing the need for a national forum for discussion of issues and concerns which relate to matters within their jurisdictions.

CDA has suggested that this legitimate need can be met through an office of regulatory affairs which could be housed in the Canadian Dental Association. Executive Council encourages provincial Licensing Authorities to approach the CDA with respect to such a development and to continue to support the Canadian Dental Association as a unified national voice for the dental profession.

11. **Certification of Dental Specialists**

At the 1992 Interim Meeting, Governors were provided with a supplementary report of the Ad Hoc Committee on Certification of Dental Specialists, which was released for general review and comment in January, 1992.

The CDA initiated its activities in this area following a request from the Royal College of Dentists of Canada. The CDA has acted as a facilitator, bringing together the various parties who have an interest in the certification of dental specialists. To date, the Ad Hoc Committee has identified options for a workable certification process. The willingness of all parties involved to cooperate in the support of the certification process will determine the success of this exercise. This matter is currently being pursued and discussed by the Licensing Authorities.

12. **CDIP Surplus Funds**

Executive Council reviewed correspondence from CDSPI, acting as the Council on Insurance and Investment, providing information on the status of the CDIP surplus. The report confirms that after satisfying all claims and reserves, there was no surplus generated in 1991 and therefore no decision is required as to its management.

13. 1993 Renewals - Prudential Group Assurance Company of England (Canada)

The Executive Council is most pleased to confirm the 1993 policy year renewal with Prudential. Appended is the confirmation letter received from Prudential which indicates that the premium rates for Life, LTD and OOE Plans will remain as is through the 1993 policy year.

APPENDIX IV

14. Certification and Licensure of Dentists

The President, Dr. Allen briefed the Executive Council on the outcome of the recent meeting involving the NDEB, ACFD, RCDS (Ontario) and the CDA. Agreement in principle has been reached with regard to the examination and licensure of Ontario graduates and Canadians or Americans who have graduated from U.S. schools applying for licensure in Ontario. Further details of the agreement are contained in the report of the Council on Education.

15. Honors and Awards
- Honorary Membership

The Annual nominations for honorary membership were reviewed by the Executive Council, along with recommendations from the Committee on Nominations, Awards and Trusts. The Executive Council is pleased to announce that Dr. William McIntosh of Toronto, Ontario, and Dr. Gordon Nikiforuk of Toronto, Ontario, have been awarded Honorary Membership in the Canadian Dental Association.

- Distinguished Service Award

Nominations for the Distinguished Service Award and recommendations from the Committee on Nominations, Awards and Trusts were reviewed by the Executive Council. The Distinguished Service Award has been granted to Dr. Michael Crompton of Moncton, New Brunswick, Dr. Pierre-Yves Lamarche of Montreal, Quebec, Mr. Ross McIntyre of Winnipeg, Manitoba, and Dr. Donald Woodside of Toronto, Ontario.

- CDA Award of Merit

The Award of Merit has been granted to Dr. Ralph Barolet of Montreal, Quebec, Dr. William Bedford of Ottawa, Ontario, Dr. Pierre Dow of Kelowna, B.C., Dr. Ron Smith of Duncan, B.C., and Dr. Jack Thompson of Rothesay, New Brunswick.

- Certificate of Merit/Letter of Appreciation

Certificates of Merit have been awarded to:

Dr. James Brookfield of Kirkland Lake, Ontario
Dr. Toby Gushue of St. John's, Newfoundland
Dr. Ronald Hill of Saskatoon, Saskatchewan
Dr. William Rosebush of Vancouver, B.C.
Dr. Ben Saik of Calgary, Alberta
Dr. Eckart Schroeter of Rothesay, New Brunswick
Dr. Sam Sgro of Montreal, Quebec

Letters of Appreciation from the CDA President have been forwarded to:

Dr. Nicole Baggs of London, Ontario
Miss Margery Forgay of Winnipeg, Manitoba
Dr. Donald Gutkin of Winnipeg, Manitoba
Dr. Keven Hockley of Windsor, Ontario
Dr. Benoit Lafontaine of Quebec, Quebec
Dr. David Mock of Toronto, Ontario
Dr. Robert Schiewe of Thunder Bay, Ontario
Dr. Ian Vogan of Halifax, Nova Scotia
Dr. Linda Wiltshire of Montreal, Quebec

Further information is contained in the report of the Committee on Nominations, Awards and Trusts. The Award's Luncheon will be held in conjunction with the Annual Meeting on Friday, August 28, 1992.

The Executive Council extends sincere congratulations to all 1992 recipients of honours and awards.

16. Review of Council/Committee Chairpersons and Executive Liaisons

At the Executive Council Meeting immediately following each Annual Meeting of the CDA Board of Governors, presidential appointments of Council/Committee Chairpersons and Executive Liaisons are made. A list of current Council/Committee Chairpersons and Executive Liaisons was reviewed by Executive Council, and appropriate input was provided for consideration with regard to appointments for 1992-93.

17. **Dental Health Month - Poster Judging**

Members of Executive Council served as judges for the 1992 Dental Health Month poster competition. Winners are:

CATEGORY A - Kindergarten to Grade 1
Dean Skidmore of Vauxhall Elementary School, Alberta

CATEGORY B - Grade 2 to 3
Jennifer Mauws of Tanner's Crossing School, Manitoba

CATEGORY C - Grade 4 to 5
Jenny Doherty of Sakaw School, Alberta

CATEGORY D - Grade 6 to 7
Doug Lawrence of C.P. Blakely School, Alberta

18. **President's Activities**

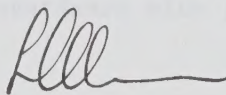
The schedule of activities of the President during his term in office is appended for information.

APPENDIX V

19. **Council/Commission/Committee Reports**

Executive Council has reviewed Council/Commission/Committee reports as appended, and other items requiring Board action follow therein.

Respectfully submitted,



Les Allen, B.Comm., D.M.D.
Chairman, Executive Council

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Executive Council.

CANADIAN DENTISTS' INSURANCE PROGRAM

FINANCIAL STATEMENTS

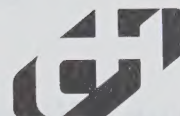
Years Ended December 31, 1991 and 1990

Auditors' Report	Page 1
Balance Sheet	2
Statement of Operations	3
Statement of Changes in Financial Position	4
Note to the Financial Statements	5

Clarke
Henning
& Co.

Chartered Accountants

10 Bay Street, Suite 801
Toronto, Ontario
Canada M5J 2R8
Tel: (416) 364-4421
Fax: (416) 367-8032



AUDITORS' REPORT

TO THE BOARD OF GOVERNORS OF
CANADIAN DENTAL ASSOCIATION

We have audited the balance sheet of Canadian Dentists' Insurance Program as at December 31, 1991 and 1990 and the statements of operations and changes in financial position for the years then ended. These financial statements are the responsibility of the Program's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Program as at December 31, 1991 and 1990 and the results of its operations and the changes in its financial position for the years then ended in accordance with generally accepted accounting principles.

Clarke Henning & Co.
CHARTERED ACCOUNTANTS

Toronto, Ontario
February 3, 1992

CANADIAN DENTISTS' INSURANCE PROGRAM

BALANCE SHEET

As at December 31, 1991 and 1990

	1991	1990
ASSETS		
Cash in bank	\$ 1,096,874	\$ 5,044,174
Sundry amounts receivable	16,781	20,482
	<u>1,113,655</u>	<u>5,064,656</u>
LIABILITIES		
Deferred income (premiums received from members in advance of due date)	1,095,860	5,059,831
Accounts payable	17,795	4,825
	<u>\$ 1,113,655</u>	<u>\$ 5,064,656</u>

Approved on behalf of the Board of Governors of
Canadian Dental Association:

Randy Brown, Governor R. Allen, Governor

CANADIAN DENTISTS' INSURANCE PROGRAM

STATEMENT OF OPERATIONS

Years ended December 31, 1991 and 1990

	1991	1990
Insurance premiums - gross		
Basic life	\$ 4,140,533	\$ 3,912,534
Dependents' life	372,161	344,441
Accidental death and dismemberment	365,957	392,682
Dependents' accidental death and dismemberment	22,635	24,187
Long term disability	7,953,080	7,709,053
Office overhead	2,604,704	2,422,504
Office contents	2,103,686	1,960,142
Practice interruption	708,532	656,540
General liability	697,642	734,328
Malpractice	3,353,307	3,464,206
Dentists' staff plan	179,252	115,011
Personal umbrella liability plan	70,107	63,513
	<u>22,571,596</u>	<u>21,799,141</u>
Insurance premiums paid to insurers	19,627,474	18,955,774
Balance, representing collection and administration fee to Canadian Dental Service Plans Inc.	<u>\$ 2,944,122</u>	<u>\$ 2,843,367</u>

CANADIAN DENTISTS' INSURANCE PROGRAM

STATEMENT OF CHANGES IN FINANCIAL POSITION

Years ended December 31, 1991 and 1990

	1991	1990
Cash provided by (used for) operating activities		
Insurance premiums received, net of refunds and provincial taxes	\$18,611,326	\$21,836,795
Net premiums paid to insurers	(19,614,504)	(18,957,599)
Payments to Canadian Dental Service Plans Inc. on account of collection and administration fee	(2,944,122)	(2,843,367)
Change in cash during the year	(3,947,300)	35,829
Cash in bank - at beginning of year	5,044,174	5,008,345
- at end of year	<u>\$ 1,096,874</u>	<u>\$ 5,044,174</u>

CANADIAN DENTISTS' INSURANCE PROGRAM

NOTE TO FINANCIAL STATEMENTS

Years ended December 31, 1991 and 1990

1. General

Canadian Dentists' Insurance Program offers group life, disability and other insurance to members of the Canadian dental profession, their families and employees. The program is unincorporated and operates under the authority of a participation agreement between Canadian Dental Association and the dental associations of the individual Canadian provinces.

Canadian Dental Association has entered into an agreement with Canadian Dental Services Plans Inc. whereby the latter provides collection and administration services to Canadian Dentists' Insurance Program for a fee which is calculated as 15% of the premiums paid to insurers under the program.

These financial statements present the financial position and results of operations of Canadian Dentists' Insurance Program. They do not include any assets, liabilities, income or expense of Canadian Dental Association, Canadian Dental Service Plans Inc. or any provincial dental association.

APPENDIX II

Proposed

CDA POSITION STATEMENT ON SUPERVISION REQUIREMENTS FOR DENTAL HYGIENISTS

Any definition of the working relationship of the dentist and dental hygienist must respect the following principles to maintain and protect high standards of oral health care delivery in Canada:

1. The dentist is accountable for the patient's overall oral health care and coordinates delivery because he or she is prepared and qualified to provide a comprehensive differential diagnosis of oral health status, to plan and render treatment required, to delegate or refer specific aspects of treatment or to refer the patient to another dentist or physician.
2. Comprehensive oral health care requires differential diagnosis and treatment planning by a dentist. Services provided by a dental hygienist are one component of comprehensive oral health care and should not be offered independently, but as part of a comprehensive treatment plan.
3. Optimal care is achieved when there is an effective working relationship between the dentist and dental hygienist. Comprehensive patient oral health care cannot be achieved if the dental hygienist is an independent practitioner.
4. Every individual has a fundamental responsibility for his/her own health and should be an active participant in achieving optimum oral health.
5. Actual working relationships between dentists and dental hygienists in the provinces of Canada are the responsibility of provincial dental licensing authorities.
6. Dental Hygienists licensed by Dental Licensing Authorities should have representation, with full rights and responsibilities, on the Board of the Dental Licensing Authority.

Appendix A of this document presents examples of practical arrangements for the supervision of dental hygienists.

APPENDIX A

APPENDIX A

EXAMPLES OF PRACTICAL ARRANGEMENTS FOR THE SUPERVISION OF DENTAL HYGIENISTS

The Canadian Dental Association believes that the three approaches to supervision of dental hygienists outlined as examples in this appendix are supportive of high standards of oral health care because they are consistent with the important principles outlined in CDA's position statement. It is emphasized, however, that these are presented as examples and, do not supersede, replace or affect provincially defined requirements for supervision established under the authority of dental and dental hygiene licensing bodies recognized under provincial legislation.

Appendix A also sets out some considerations commonly taken into account in establishing supervisory arrangements. Definitions of commonly used terms are set out in Appendix B.

APPENDIX B

It is noted that every patient should have the advantage of diagnosis and treatment planning by a dentist before any therapeutic treatment - as distinct from preventive service - is undertaken. However, a dental hygienist may conduct a preliminary assessment of a patient's oral health status prior to providing preventive services or alerting the dentist regarding the assessment findings of the patient. Growing needs for oral health care in public health programs and institutional settings require supervisory arrangements that permit such scope for the hygienist while respecting the important principles noted earlier.

Supervisory Arrangements

The three examples of supervisory arrangements set out in Appendix A illustrate approaches which may be employed at the discretion of a dentist, where provincial regulations permit. They provide for varying degrees of supervision, appropriate in varying circumstances, while ensuring that the dentist retains overall responsibility for patient care. How these categories correspond to current provincial terminology or patterns of services is set out in Appendix C.

APPENDIX C

The degree of supervision appropriate to ensure the protection of the public should depend on three factors: the degree of knowledge and proficiency of the dental hygienist, the risk involved in the procedures to be performed, and the professional judgment of both the supervising dentist and the dental hygienist as to the appropriate level of supervision.

CATEGORY I SUPERVISION

Some procedures provided by dental hygienists require supervision by a dentist who is physically present in the office and immediately available.

Category I Supervision means that a licensed dentist must:

- (a) Through direct examination of the patient diagnose the condition to be treated and prepare a comprehensive treatment plan.
- (b) Authorize the procedures to be performed by the dental hygienist.
- (c) Respond promptly to requests for advice or assistance made by the dental hygienist.
- (d) Review the written dental records of the patients and determine the immediacy of requirement for the next dental examination of each patient, in consultation with the dental hygienist, where possible.
- (e) Be physically present in the office suite or institutional dental service.

CATEGORY II SUPERVISION

Certain procedures provided by dental hygienists may not require the dentist to be physically present in the office and immediately available.

Category II Supervision means that a licensed dentist must:

- (a) Through direct examination of the patient diagnose the condition to be treated and prepare a comprehensive treatment plan.
- (b) Authorize the procedures to be performed by the dental hygienist.
- (c) Respond in a practical fashion to requests for advice or assistance made by the dental hygienist or arrange for such response by another dentist.
- (d) Within a reasonable period of time following completion of dental hygiene care, review the written dental records of the patient care provided and determine the immediacy of requirement for the next dental examination of each patient, in consultation with the dental hygienist, where possible.
- (e) The dentist need not be physically present in the office suite or institutional dental service when the directed treatment is carried out.

CATEGORY III SUPERVISION

Within an institutional or public health setting, certain preventive services may be provided by a dental hygienist, without a prior dental diagnosis or without a dentist being present if selected preventive oral health care is defined under specific protocols or standing orders and authorized by the directing or consulting dentist. The level of risk involved and of service required within the public health or institutional setting must be assessed in advance by a public health or other qualified dentist.

Definition of Category III SUPERVISION

Category III Supervision means that:

- (a) A dentist functioning as a program director or program consultant authorizes preventive services to be performed by a dental hygienist who will carry out preliminary assessment of a patient's oral health status.
- (b) The dental hygienist will provide preventive services and/or alert the authorizing dentist of the immediacy of requirement for a future dental examination and therapeutic treatment of the patient.
- (c) The authorizing dentist remains cognizant of preventive care being provided and ensures provision of a differential diagnosis prior to any therapeutic care being provided.
- (d) The patient care is provided within a public program/institution where the preventive oral health components of the program are under dental supervision and defined by specific protocols and standing orders.

Considerations Affecting Choice of Supervisory Arrangement

1. CATEGORY III SUPERVISION is intended to allow dental hygienists to carry out specific assigned duties in public health programs, school based programs, or longterm care institutions involving target groups of patients. As defined, Category III Supervision is NOT applicable in private practice.
2. PATIENT HEALTH STATUS: The dentist and dental hygienist must consider the medical health status of the individual patient in making the choice of supervisory arrangement. A medical clearance form indicating informed consent should also be obtained by the dental hygienist before authorized services or treatment may be undertaken. The dental hygienist working under CATEGORY III SUPERVISION must take note of the known health status of each patient and decline to undertake any assessments, and or treatment under CATEGORY III SUPERVISION, when the health history reveals contraindicating conditions.
3. LIMITATIONS of PROVIDERS:
 - a) The dentist in private practice should provide CATEGORY I supervision if he or she is accepting responsibility for the comprehensive treatment planning and the services of multiple hygienists who are providing services at the same time.
 - b) Dentists accepting responsibility for public health programs or institutional oral health care programs should also recognize that there is a limit on the volume of service that one dentist can oversee while remaining cognizant of patient care.
 - c) All dentists must recognize that the range of supervisory responsibility accepted must be reasonable, and that they are accountable for their ability to ensure adequate patient oral health care within provincial law and professional regulation. The selection of the appropriate level of supervision should be made in consultation with the dental hygienist.

CONCLUSION

Dental Hygienists, on the basis of their education, training and expertise, are valued members of the oral health care delivery team with an important role in the provision of specific components of dental care. Arrangements for supervision must take into account policies of provincial licensing authorities and provincial law, the health status of the patient, and the qualifications/limitations of the individuals who are the providers of patient care. Both the dentist and the dental hygienist must be cognizant of licensing requirements and the appropriate standards of care.

While the appropriate arrangement for supervision is a matter of choice within options specified by the individual provincial licensing authorities, supervision is always required and the services rendered by the dental hygienist are of full benefit only within the context of integrated comprehensive oral health care provided by a dentist.

DEFINITIONS

PRELIMINARY ASSESSMENT is initial patient inspection by a Dental Hygienist. Dental Hygienists, in the implementation and evaluation of Dental Hygiene care, must make their own judgements or assessments which do not constitute comprehensive differential diagnosis - but which are specific assessments, within dental hygiene competence and preparation, necessary to patient care or education.

(Reference pg. IV CDA Dental Hygiene Competency Profile)

COLLABORATIVE PRACTICE is communication and cooperation with appropriate members of the dental health team to provide care consistent with the overall plan of dental care for the patient.

(Reference Pg. 8, item 8.1 Clinical Practice Standards for Dental Hygienists in Canada, Health and Welfare Canada, 1988)

INDEPENDENT PRACTITIONER is a Dental Hygienist who operates outside of the three categories of supervision outlined in this document.

COMPREHENSIVE DENTAL CARE is complete and coordinated patient care based upon a differential diagnosis and treatment planning by a dentist, and initiation of patient treatment or referral as appropriate.

INSTITUTION - "Institution" is a body established to further the public interest through service in a field such as education or health. The term has come to be synonymous with the physical facilities or buildings housing such services. This includes government agencies, long term care facilities, public health, and other health care institutions.

APPENDIX C

Supervision Categories	NFLD.	MB.	NS.	P.E.I.	QUE.	ONT.	MAN.	SASK.	ALB.	B.C.
CAT. 1										
1- Diagnosis	Direct	Direct	Direct	Direct	Direct	Direct	Direct	Personal Supervision for Local Anesthetic	Direct Private Practice	Personal Supervision for local Anesthetic
2- Dentist Physically Present	Private Practice	Private Practice & Institutions	Private Practice	Private Practice	Private Practice	Private Practice	Private Practice			
3- Full Hyg. Services										
CAT. 2										
1- Diagnosis								Direction		Direction
2- Dentist not Physically Present								Private Practice		Private Practice
3- Full Hyg. Services										
CAT. 3										
1- No Diagnosis	Indirect	Indirect	General	General	General	General	General	General	General	General
2- Dentist not Physically Present	Public Health	Public Health	Public Health	Community Health	Public Health	Public Health	Community Health	Community Health	Community Health	Permissible upon Application to Governing Council
3- Limited Hyg. Services										

APPROVED

**CDA POSITION STATEMENT ON
SUPERVISION REQUIREMENTS FOR DENTAL HYGIENISTS**

Any definition of the working relationship of the dentist and dental hygienist must respect the following principles to maintain and protect high standards of oral health care delivery in Canada:

1. The dentist is accountable for the patient's overall oral health care and coordinates delivery because he or she is prepared and qualified to provide a comprehensive differential diagnosis of oral health status, to plan and render treatment required, to delegate or refer specific aspects of treatment or to refer the patient to another dentist or physician.
2. Comprehensive oral health care requires differential diagnosis and treatment planning by a dentist. Services provided by a dental hygienist are one component of comprehensive oral health care and should not be offered independently, but as part of a comprehensive treatment plan.
3. Optimal care is achieved when there is an effective working relationship between the dentist and dental hygienist. Comprehensive patient oral health care cannot be achieved if the dental hygienist is an independent practitioner.
4. Every individual has a fundamental responsibility for his/her own health and should be an active participant in achieving optimum oral health.
5. Actual working relationships between dentists and dental hygienists in the provinces of Canada are the responsibility of provincial dental licensing authorities.
6. Dental Hygienists licensed by Dental Licensing Authorities should have representation, with full rights and responsibilities, on the Board of the Dental Licensing Authority.

Approved
CDA Board of Governors
August, 1992



APPENDIX III

June 24, 1992

Mr. Don Pamenter
Executive Director
Nova Scotia Dental Association
604-5991 Spring Garden Road
Halifax, N.S.
B3H 1Y6

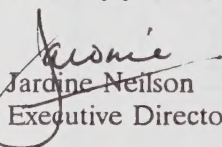
Dear Don,

Thanks for your letter of April 24th, 1992 in which you raise the question of the role of the Canadian Dental Association in relation to the USCLS. It appears to be appropriate to seek reaffirmation or clarification of what is expected of CDA. There is some feeling that CDA's task is simply to receive requests and slot them in an integrated system in a fashion that avoids duplicates and makes sense to users. There is another school of thought which is that the uniform system represents a national position on appropriate acts to be included. If you recall, at the Interim meeting of the Board in 1991 it was agreed that the CDA Board of Governors would decide on the acceptability of new acts, and their inclusion in the USCLS would be tantamount to national recognition. I have attached a copy of a page from the Transactions setting this out.

In any case, the topic will be up for debate at the August meeting of the Board. Discussion at Executive Council seemed to indicate that many of the provinces feel that the USCLS should not simply be a nonjudgemental service, but should reflect national opinion on codes. Such national positions can only influence decisions taken in provincial jurisdictions, and there is no question that the province retains responsibility and authority.

I look forward to an interesting debate on this topic, and encourage you to marshal your arguments in support of your position. I hope that whatever the outcome of democratic debate at the Board Meeting, all involved can agree to cooperate in relation to the decision taken.

Sincerely yours,


Jardine Neilson
Executive Director

cc: CDA Corporate Members

encl.

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

OFFICE
OF THE
EXECUTIVE
DIRECTOR
CABINET
DU
DIRECTEUR
GÉNÉRAL



Nova Scotia Dental Association

SUITE 604, 5991 SPRING GARDEN ROAD
HALIFAX, N.S. B3H 1Y6

TELEPHONE 902-420-0088

April 24, 1992

Mr. Jardine Neilson
Executive Director
Canadian Dental Association
1815 Alta Vista Dr.
Ottawa, Ontario
K1G 3Y6

Dear Jardine:

Re: USCLS

During recent discussions with a number of officers of provincial dental associations, it became quite clear that we shared an objection to how CDA is managing the System.

Those of us in the discussion believe CDA should assign codes consistent with the coding system where a province has requested a code for a particular service definition. We do not feel CDA should approve or disapprove such requests. CDA should ensure the definition of a service requiring a code is not already represented in the USCLS but having satisfied that function, a code should be assigned. I feel CDA's role in this matter is to serve it's corporate members and not to exercise unwarranted control.

I would appreciate you thoughts on this matter.

Yours truly,

NOVA SCOTIA DENTAL ASSOCIATION

D.V. Pamenter, C.A.E.
Executive Director

DVP/dc



June 24, 1992

Dr. Roy Thordarson
Executive Director
College of Dental Surgeons of
British Columbia
500-1765 West 8th Avenue
Vancouver, B.C.
V6J 5C6

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

Dear Roy,

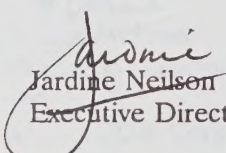
Thanks for your letter of May 1st, 1992 in which you raise the question of the role of the Canadian Dental Association in relation to the USCLS. It appears to be appropriate to seek reaffirmation or clarification of what is expected of CDA. As you and Don Pamenter have suggested, there is some feeling that CDA's task is simply to receive requests and slot them in an integrated system in a fashion that avoids duplicates and makes sense to users. There is another school of thought which is that the uniform system represents a national position on appropriate acts to be included. If you recall, at the Interim meeting of the Board in 1991 it was agreed that the CDA Board of Governors would decide on the acceptability of new acts, and their inclusion in the USCLS would be tantamount to national recognition. I have attached a copy of a page from the Transactions setting this out.

OFFICE
OF THE
EXECUTIVE
DIRECTOR
CABINET
DU
DIRECTEUR
GÉNÉRAL

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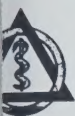
I look forward to an interesting debate on this topic, and encourage you to marshal your arguments in support of your position. I hope that whatever the outcome of democratic debate at the Board Meeting, all involved can agree to cooperate in relation to the decision taken.

Sincerely yours,


Jardine Neilson
Executive Director

cc: CDA Corporate Members
Dr. Don Lauriente, Director, Member Services Division, College of Dental Surgeons of B.C.

encl.



College of Dental Surgeons of British Columbia

500 - 1765 WEST 8TH AVENUE.
VANCOUVER, BRITISH COLUMBIA
V6J 5C6

PHONE (604) 736-3621
FAX (604) 734-9448

May 1, 1992

Mr. Jardine Neilson
Executive Director
Canadian Dental Association
1815 Alta Vista
Ottawa, ON
K1G 3Y6

Dear Jardine,

I have been copied with a letter to you from Don Pamentor of the Nova Scotia Dental Association regarding the USCLS and CDA's management of the system. I am writing to support the view point expressed by Don Pamentor in his letter of April 24, 1992. You have had in the past, via your Third Party Committee, comments expressing our discomfort with having our requests for codes rebuffed on occasion. It is our opinion, that it is the CDA's job to rationalize the codes and the descriptors to ensure that there are not duplicate codes in the USCLS, but not to be the determiner of what codes can be used in a province. This is a particularly important issue as the national EDI system will be less effective for British Columbia practitioners if the codes they choose to use are not part of USCLS.

We would appreciate your thoughts on this matter.

Yours sincerely,

G.R. Thordarson, D.M.D.
Executive Director

GRT/kvp

cc: Dr. D.P. Lauriente
Dr. D.L. Tobias



June 24, 1992

Mr. Ross H. McIntyre
Secretary-Treasurer
Manitoba Dental Association
103-698 Corydon Avenue
Winnipeg, Manitoba
R3M 0X9

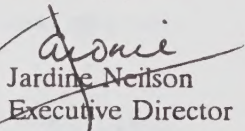
Dear Ross,

Thanks for your letter of April 7th, 1992 in which you raise the question of the role of the Canadian Dental Association in relation to the USCLS. It appears to be appropriate to seek reaffirmation or clarification of what is expected of CDA. There is some feeling that CDA's task is simply to receive requests and slot them in an integrated system in a fashion that avoids duplicates and makes sense to users. There is another school of thought which is that the uniform system represents a national position on appropriate acts to be included. If you recall, at the Interim meeting of the Board in 1991 it was agreed that the CDA Board of Governors would decide on the acceptability of new acts, and their inclusion in the USCLS would be tantamount to national recognition. I have attached a copy of a page from the Transactions setting this out.

In any case, the topic will be up for debate at the August meeting of the Board. Discussion at Executive Council seemed to indicate that many of the provinces feel that the USCLS should not simply be a nonjudgemental service, but should reflect national opinion on codes. Such national positions can only influence decisions taken in provincial jurisdictions, and there is no question that the province retains responsibility and authority.

I look forward to an interesting debate on this topic, and encourage you to marshal your arguments in support of your position. I hope that whatever the outcome of democratic debate at the Board Meeting, all involved can agree to cooperate in relation to the decision taken.

Sincerely yours,


Jardine Neilson
Executive Director

cc: CDA Corporate Members

encl.

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

OFFICE
OF THE
EXECUTIVE
DIRECTOR
CABINET
DU
DIRECTEUR
GÉNÉRAL



MANITOBA DENTAL ASSOCIATION

103 - 698 Corydon Avenue, Winnipeg, Manitoba R3M 0X9

Phone: (204) 453-0055

Fax: (204) 453-0108

7 April 1992

Mr. Jardine Neilson
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Jardine:

Recently I had an opportunity to talk to some other CDA corporate member Executive Directors about the CDA Uniform System of Coding and List of services (USCLS). The discussions centered on the authority the CDA has to deny the request of a corporate member wishing to have a new code added to the USCLS.

If a corporate member decides that a new code is necessary for their province, how can the CDA say they can't have it? It was the view of people I talked to that the CDA should "assign" codes but not "approve" codes. It is not the role of the CDA to serve in a monitoring role of the profession by analyzing the opportunity for inappropriate billings if a new code is assigned.

The role for the CDA would be similar to a library receiving a new book and assigning a code to it for filing purposes within the library. CDA should assure that a requested code was not a duplicate of an existing procedure with an assigned code. The CDA would serve to coordinate and compile the list of codes and services that were assigned but they should not take on the responsibility for approving codes.

I am certain that others who I spoke to will be writing to you as well Jardine. Once you have had an opportunity to consider this matter I would like a reply from you outlining CDA's point of view.

If you would like to talk to me about this, please phone me.

Yours truly

Ross H. McIntyre
Executive Director
Manitoba Dental Association

cc: Dr. Luc Dugal, Third Party Chairman
Dr. Les Allen, CDA President
Dr. John Dillon, CDA Governor



RE: USCLS CODE REQUEST PROCEDURES

The Third Party Dental Plans Committee developed the present format of the USCLS which became effective in 1990. The USCLS was developed to establish national procedure codes which would be used by both general practitioners and specialists.

The Third Party Dental Plans Committee continues to update and make changes and/or additions to the USCLS. The Committee uses the following process for dealing with code requests:

- a) requests for code changes and/or additions must come from the corporate members or the national speciality organizations.
- b) code requests are discussed at Committee meetings to identify if the requests are already included in the USCLS. If the code request is not a duplication, the Committee reviews the request to identify, number, and designate the appropriate section in the USCLS in which the code should appear. The Committee also discusses whether the request follows the standards of the USCLS. The Committee then makes a recommendation either for or against the request and it is then forwarded to the CDA Board of Governors for approval.
- c) codes which are approved by the Board of Governors are then placed in the USCLS for implementation on January 1 of the following year.

In 1991 the Third Party Dental Plans Committee requested assistance from the CDA Executive Council regarding procedure codes for new dental techniques and materials. The Executive Council advised the Committee that it does not carry the responsibility for designating new materials/procedures as acceptable. The Committee's responsibility is limited to bringing forward recommendations for new codes which it believes to be practical and necessary. To assist the Committee in its deliberation, it was considered appropriate for the Third Party Committee to receive these new code request and consult with the appropriate provincial licensing authority to determine if a provincial policy or regulation related to the request is in place. Also, the Committee was directed to consult other CDA Committees such as Consumer Product Recognition and Dental Materials and Devices for advice when formulating a recommendation to the CDA Board of Governors.

APPENDIX III-B

TERMS OF REFERENCE

THIRD PARTY DENTAL PLANS COMMITTEE

- 1) To act on behalf of the CDA to assist its members in their interactions with third party plans on the national level and communicate to the members via the Communiqué and the Journal on dental third party plans.
- 2) To liaise with representatives of the Canadian Health and Life Insurance Association, the non-profit dental plans and national government dental payment agencies (services to Indians, Inuit, veterans and the RCMP).
- 3) To liaise with provincial dental associations regarding third party plans via provincial third party committees (such as the Dental Prepayment Advisory Committee in Ontario).
- 4) In co-operation with provincial associations to act as an information source to consumer groups, company personnel administrators and employee benefits administrators.
- 5) To be responsible for the ongoing review and administration of the CDA standard claim forms, the CDA list of fee codes and CDA list of dental services.

The Committee will respond to requests from corporate members and advise them which code and description fits into the USCLS. With regard to matters of new procedures not currently in the USCLS, or changes in definition or reorganization, a report to be prepared, circulated to the provincial bodies and recommended to the Board of Governors for approval.

- 6) To identify and inform Executive Council on matters in the third party area which require national lobbying with the Canadian Government.
- 7) To be responsible for review and then monitoring of alternative methods of delivery of dental care (capitation, closed panel, preferred provider organizations).

Revised:
CDA Board of Governors
August, 1992



Garry S. Thomson, CD, FLMI
Director, Association

The Prudential Group Assurance Company
of England (Canada)

26 Wellington Street East,
Toronto, Ontario M5E 1J6

Tel (416) 360-1560
Fax (416) 360-6754

4 June 1992

Mr. Kingsley Butler, C.A.
Executive Vice-President
CDSPI
100 Consilium Place
Suite 710
Scarborough, Ontario
M1H 3G8

Dear Kingsley

Re: CDIP Life, LTD and OOE Plans

I am very pleased to confirm that premium rates for the Life, LTD and OOE Association plans will remain as is through the 1993 policy year.

Hopefully this will be welcome information for you and your Board. Please let me know if you have any further questions.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Garry Thomson'. The signature is fluid and cursive, with a large loop at the end.

**SCHEDULE FOR DR. LES ALLEN, PRESIDENT
CALENDRIER D'ACTIVITES POUR DOCTEUR LES ALLEN, PRESIDENT**

1991 - 1992

1991

August 24	Executive Council	Quebec City
August 24-28	CDA Annual Convention	Quebec City
August 25-26	Symposium Dental Certification & Licensure	Quebec City
August 27	Executive Council	Quebec City
September 4	University of Toronto Welcome (represented by Dr. Crawford)	Toronto
September 4	University of B.C. Welcome (represented by Dr. Diggins)	Vancouver
September 11	University of Manitoba Welcome	Winnipeg
September 12	*Alpha Omega - Toronto Chapter	Toronto
September 13-15	*Northern Ontario Dental Association (represented by Dr. Dolansky)	North Bay
September 13	BC College Council	Vancouver
September 15	American Association of Orthodontists	Winnipeg
September 16	Welcome to the Profession University of Western Ontario (represented by Dr. Dubé)	London
September 16	*Ottawa Dental Society Fall Meeting	Ottawa
September 28	University of Montreal (4th Year) (represented by Dr. Dubé)	Montreal
October 2	Université de Montréal Welcome (represented by Dr. Dubé)	Montreal
October 5-10	American Dental Association Convention	Seattle

October 7	*Lambton Dental Society (represented by Dr. Dolansky)	Sarnia
October 7,8	MSB Workshop for Dental Therapists (represented by Dr. MacSween)	Toronto
October 7-13	FDI World Congress	Milan
October 15	*All Toronto Societies (represented by Dr. Dolansky)	Toronto
October 18	*ODA Component Society Presidents' Workshop	Toronto
October 22 - 24	Federal Provincial Dental Health Council (represented by Dr. Wenn)	Saint John
October 30	CDA/CDSPI Management Committees	Ottawa
October 31	Management Committee	Montebello
November 1-3	Executive Council Planning Session	Montebello
November 4	McGill University Welcome	Montreal
November 6	Student Night - University of Toronto (represented by Dr. Crawford)	Toronto
November 8	NDEB President's Committee	Ottawa
November 10	NDEB Executive Committee	Ottawa
November 14	Student Night - University of Western Ontario (represented by Dr. Crawford)	London
November 14	Management Committee Conference Call	
November 15, 16	ODQ Planning Session (Dr. Dubé)	Montreal
November 21	Management Committee Conference Call	
November 22	Université Laval Welcome (represented by Dr. Dubé)	Quebec

November 29, 30	*ODA Fall Board Meeting	Toronto
December 13	President, Canadian Bar Association	Ottawa
December 13	Headquarters Meeting	Ottawa

1992

January 10	*Thunder Bay Dental Society	Thunder Bay
January 16	University of Saskatchewan Grad Dinner	Saskatoon
January 23	*Halton-Peel Dental Association (Dr. Dolansky)	Oakville
January 24, 25	Manitoba Dental Association	Winnipeg
January 30	Management Committee	Ottawa
January 31-Feb 1	Executive Council	Ottawa
February 6	Dalhousie Grad Dinner	Halifax
February 12	Conference Call re: CDAnet	
February 13	*Southeastern Ontario Dental Societies	Brockville
February 14	CDA/ODA Management	Ottawa
February 17	University of B.C. Grad Dinner	Vancouver
February 18	University of Alberta Grad Dinner	Edmonton
February 21	University of Manitoba Grad Dinner	Winnipeg
March 4	CDA/BC College	Vancouver
March 12-13	Western Canada Dental Society	Edmonton
March 17	McGill University Grad Dinner	Montreal

March 26-28	BC Dental Meeting	Vancouver
April 2	Management Committee	Ottawa
April 3, 4	Interim Meeting Board of Governors	Ottawa
April 7	University of Toronto Grad Dinner	Toronto
April 8	University of Western Ontario Grad Dinner	London
May 3 - 7	Les journées dentaires du Québec	Montreal
May 4	Alpha Omega Mount Royal Dental Society	Montreal
May 7	CDA/CDSPI Management	Toronto
May 8, 9	ODA Board Meeting	Toronto
May 14-16	Ontario Dental Association Spring Meeting	Toronto
May 20	CDA/NDEB/ACFD/RCDS	Toronto
May 21	RCDS Meeting	Toronto
May 29	University of Toronto Grad Dinner (represented by Dr. Crawford)	Toronto
May 29, 30	Dental Association of P.E.I.	Mill River
May 30	New Brunswick Dental Society (represented by Dr. Gushue)	St. Andrews
June 4	Management Committee	Ottawa
June 5	Western University Grad Dinner (represented by Dr. Sgro)	London
June 5, 6	Executive Council	Ottawa
June 12, 13	Nova Scotia Dental Association	Yarmouth
June 15	Ontario Law Review Panel	Toronto

June 18-20	Newfoundland Dental Association	St. Anthony
June 21-23	ACFD Annual General Meeting (represented by Dr. Sigfstead)	Edmonton
June 22	Faculty of Dentistry,75th Anniversary Dinner University of Alberta (Dr. Sigfstead)	Edmonton
August 6, 7	DOTP Phase III Graduation Ceremonies	CFB Borden
August 27	Management Committee	Calgary
August 28, 29	Annual Meeting Board of Governors	Calgary
August 29	Executive Council	Calgary
August 29 - Sept 2	CDA Annual Convention	Calgary
August 30	Alberta Dental Association Meeting	Calgary

Bold: Tentative date
Gras: à confirmer
*: CDA/ODA Speakers' Tour

06/26/92

CDAnet COMMITTEE

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Don MacFarlane, Chairman, British Columbia
Dr. MacBalfour, Ontario
Dr. Bill Glave, Ontario
Dr. Don Gutkin, Manitoba/Saskatchewan
Dr. Luc Dugal, Alberta
Dr. Roger Bailey, British Columbia

Executive Liaison: Dr. Toby Gushue, Newfoundland

Staff: Ms. Patricia Duminy
Ms. Susan Matheson

1. Committee Meeting

The entire CDAnet Committee has not met since the report to the 1992 CDA Interim Board.

Drs. MacFarlane, Gushue, Dugal and Gutkin met with VCS representatives on May 11/92 to discuss Value Added services.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Representatives of the CDAnet Committee met with VCS Technologies Inc. in Calgary, Alberta on May 11, 1992. The purpose of the onsite meeting was to satisfy ourselves that VCS had the experience, the capability, the personnel and facilities to support a national electronic system of services over and above those provided on the claims side of CDAnet.

The CDAnet Committee representatives were fully satisfied with VCS and its ability to support CDAnet. Therefore, we are proceeding with the negotiation of a "Letter of Intent" which when completed, will act as a skeleton of a full contract to allow progress to move forward so that we can meet the goal of introducing CDAnet Value Adds at the CDA Convention in Calgary, August 1992.

APPENDIX I

VCS has developed a software shell which will be utilized for value added services. This will be provided free of charge to dental offices joining CDAnet Value Adds (the same rules apply to join - must be a member of CDA or ODA). This concept is a major reason that VCS was selected. This software enables the value added services to be offered without the need for any software modification by the dental

office software vendor (eliminating any slowdown in implementation). It also has the strength of doing diagnostics if there are any problems, the software decides if the problem is software, hardware or network so the correct supplier can be contacted. This software will be licensed to the CDA so that at the end of the contract, if we were not able to work out a new contract with VCS, we could go forward with the existing system utilizing another network provider. This shell system is already in use in Alberta for pharmacy and medical systems and is working smoothly. VCS has demonstrated that it is an innovative company with experience in electronic data transmission - it has a long term relationship with PetroCanada - it is a significant player with Alberta Medical Association for electronic services - operates the Eclipse pharmacy electronic system (Appendix IIA). It also has the advantage of being a joint venture partner with the Alberta Telecom partner (Telus Corporation) (Appendix IIB).

APPENDIX II

The third major reason VCS was selected is the marketing strategy they have proposed. A seminar approach will be utilized in addition to Journal, Communiqué and Convention promotion. The seminar approach was recommended because many of the value added service will be services utilized by the dentist directly rather than by the office staff. Many dentists are not as comfortable with computers as their staff and will need to have the ease of use clearly demonstrated so they will be comfortable in starting to use these services. Also direct mail will be utilized; naturally all existing users of CDAnet services will sent software and a manual to add CDAnet value adds to their claims use of CDAnet.

APPENDIX III

The initial release will have the following basic services and then there will be a timed release of additional services to maintain interest and stimulate utilization and increased enrolment. The basic services will be: order entry, electronic banking, including electronic funds transfer and credit card draft capture utilization, electronic mail which would include access to CDA library services, communication with CDSPI etc. (Appendix III). Some of the additional services that will be rolled out at a later date are the financial areas, practice monitor, etc. (Appendix IV)

APPENDIX IV

The arrangement being negotiated with VCS will be a partnership between VCS and CDA, hopefully a long term close relationship. Organized dentistry via the CDAnet Committee will set up the frame work, the basic philosophy involved and will oversee all products to be introduced to insure the products are designed to meet the needs of the profession and are sensitive to the Association's members needs. Advertising policy: advertising will be unintrusive i.e. a logo on the screen. There could also be

an advertising section like an electronic yellow pages for dental suppliers that the dentist would call up if they wished to find an address or telephone number.

A key value is that the program can be utilized both at the office or at home since it is a stand alone program which can be readily installed and utilized. Many of the value added services will likely be used at home.

Executive Council approved the Committee's recommendation that VCS Technologies Inc. be selected as the CDAnet Value Added vendor. The Committee will proceed to finalize the negotiations. Executive Council directed the CDAnet Committee to present the final contract to Executive Council for review and approval.

3. CDAnet Statistics

Dr. MacFarlane updated CDA governors on the number of offices and dentists on CDAnet, per province as of August 21, 1992.

<u>Province</u>	<u>No. of Offices</u>	<u>No. of Dentists</u>
Alberta	45	77
BC	80	145
Manitoba	41	83
New Brunswick	3	6
Nova Scotia	9	25
Newfoundland	5	16
N.W.T.	0	0
Ontario	319	565
P.E.I.	1	1
Quebec	37	68
Saskatchewan	14	23
Yukon	0	0
	---	---
TOTALS	558	1,009

4. CDAnet Certified Software Vendors

As of May 29, 1992, the following software companies have completed Certification with both networks and CDA.

Abel Computer Systems Ltd.	Alpha Bytes Computer Corp.
APG Computing Inc.	Autopia Computer Products
CDSPI	Cortex Computer Systems
Dialog Medical Systems Inc.	DMS
Domtrak	Exan
Execu-dent	Genie (Ho & Assocs.)
Harr-Comm Technology	Logic Tech
Maxim	Norburn
Pharmaid	Zadall Systems Group Inc.

5. Insurer Participation and Status

The following insurance companies are processing claims on a REAL TIME basis:

Sun Life	Canada Life
Great West Life	Mutual Life
Confederation Life	AEtna
National Life	Alberta School Employee Benefit Plan

The following companies are processing claims on a BATCH basis:

Metropolitan Life	Manulife
-------------------	----------

6. Marketing

The CDAnet Booth is available and has been scheduled as an exhibitor at the various provincial dental meetings in 1992. The new marketing materials were launched in March 1992.

The Committee also provided some sample ads for each province to use as inserts for local and/or provincial newsletters.

7. Chairman's Remarks

I wish to thank the Committee members for their continued efforts in the promotion and marketing of CDAnet. I also wish to thank Pat Duminy and Susan Matheson for their efforts in support of the CDAnet Committee.

Respectfully submitted,

Don MacFarlane, D.M.D.
Chairman, CDAnet Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the CDAnet Committee.

DRAFT
 LETTER OF INTENT
 with
 CANADIAN DENTAL ASSOCIATION
 regarding
 VALUE ADDED INFORMATION SERVICES
 for
 CDA NET
 May 15, 1992

**PRELIMINARY
 DRAFT ONLY**

A. RESPONSIBILITIES OF SUPPLIER

- A.1 To supply MS DOS and XENIX compliant "user shell" which will provide a main menu selection by user of onsite, VCS host based, and/or VCS switched third party services software functions. Such main menu to also provide access to existing standard dental office management packages.
- A.2 To supply MS DOS and XENIX compliant onsite micro software, network host based software and/or switch to third party software as required, to provide cost efficient, user friendly value added information services.
- A.3 To identify, scope out, determine feasibility of, develop specifications for, and provide service charge quotations for value added information services as presented at the demonstration of May 11, 1992 in VCS offices, as identified by CDA and/or its membership, brought forward by third parties to either supplier or CDA, and/or as conceived by supplier.
- A.4 To implement value added information services where supplier determines feasibility thereof, in accordance with a functional design, and schedule as agreed to by the parties.
- A.5 To negotiate on behalf of the CDA with all third parties wishing to offer value added information services to the CDA and/or its membership.
- A.6 To report to the CDA in accordance with a schedule and a format as agreed to by the parties in regard to the revenues generated and costs incurred in providing the value added information services, and to provide the CDA with its share of the net revenues, if any, in accordance with a formulae agreed to by both parties.
- A.7 To market to the CDA membership, jointly with the CDA, in order to promote the use of the third party information services. Such joint marketing is to include end user promotions, educational seminars, and information bulletins.

B. RESPONSIBILITIES OF CDA

- B.1 To participate in the design of the services to be provided in an oversight capacity, and to provide an acceptance, such acceptance not to be arbitrarily withheld, of the service offerings. Such acceptance is to be based on the utilization of the service for the business and practise of dentistry.
- B.2 To engage in a program of publicity as agreed to by the parties, identifying the CDA's support of and involvement with the value added information services.
- B.3 To provide the supplier with the authority to use the words "accredited by the Canadian Dental Association" and the CDA logo in association with all services provided pursuant to this Letter of Intent.
- B.4 To utilize the suppliers services for CDA purposes such as information and membership services, to the exclusion of competing third party services to CDA members.
- B.5 To actively promote and support the success of the initiatives herein by encouraging CDA membership use of and provincial association participation in the supplier services.

- B.6 To provide the supplier with information in the hands of the CDA reasonably required by supplier for the design and marketing of the service. Such information may include but is not necessarily restricted to membership mailing lists, content of discussions with third parties wishing to provide certain of the said services, education and conference plans.

C. JOINT RESPONSIBILITIES

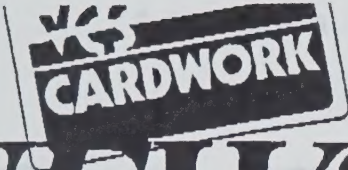
- C.1 To participate in the development and acceptance of a business, development, revenue sharing and marketing plan that reflects the intent of this Letter of Intent.
- C.2 To deal with the other party on an exclusive basis in regard to the services discussed herein. For greater certainty, CDA shall not enter into any relationship with a third party for the provision of services that fall within the bounds of the value added information services contemplated herein. Supplier shall not provide any information services to CDA members except under the terms of this Letter of Intent.
- C.3 To provide the necessary executive management, marketing and technical interfaces between the supplier organization and the CDAnet committee and/or that Committee's assignees from the CDA that are reasonably required for the successful implementation and management of the services contemplated herein.
- C.4 Both parties shall keep confidential the content of this Letter together with the nature of the services to be provided or contemplated to be provided, negotiations with third parties thereto, marketing or other data, unless otherwise agreed to by the parties.

D. REVENUE SHARING

- D.1 This Letter of Intent encompasses information services to be paid for by dental offices, by the CDA and/or participating provincial associations and/or third party suppliers and/or the supplier. The charges for such services shall be set by supplier, so long as such charges reflect the joint objectives of maximizing the net revenue arising from the provision of such services, while minimizing the charges to the dental office and maximizing the range of services available to such offices.
- D.2 CDA shall participate in the net revenues arising from the provision of the said services in accordance with a percentage calculation to be agreed upon by the parties. Such percentage shall reflect the level of public and marketing support provided to the supplier and the number of provincial dental associations supporting this initiative.

E. TERM

- E.1 This Letter of Intent shall be supplanted by a contract negotiated between the parties that substantially reflects the terms contained herein, and that is effective for a period of ten years from date of execution, subject to compliance with the terms therein. Such agreement shall also provide for automatic renewal so long as the agreed upon targets reflected in the marketing plan are adhered to.
- E.2 Such contract shall reflect a priority given to order entry, electronic funds transfer, electronic mail and eligibility for coverage checking subject to insurer participation as services to be provided.
- E.3 Software object code necessary for the operation of the value added information services, together with the necessary documentation shall be maintained in escrow by supplier. Upon termination of contract, CDA shall have access to such software for use by a third party, in accordance with an agreed upon licence fee.



NEWS RELEASE

S Technologies Inc. 305, 707 - 10th Ave. S.W., Calgary, Alberta Canada T2R 0B3 (403) 234-8711

October 1, 1991

Eclipse Claims Services Inc.

and

VCS Technologies Inc.

Sign

On-line Claims Adjudication Service Agreement.

VCS, a full service system integrator for health care network applications, today announced the signing of a service agreement with Eclipse, a joint venture of four major Canadian Group Benefit Providers.

VCS will provide real time claims adjudication services to the Eclipse consortium, beginning with pharmacy claims. The services are characterized by a high level of responsiveness to changes in plan coverage, together with stringent requirements for quick response of adjudication results.

"VCS looks forward to a long and mutually beneficial business relationship with Eclipse and providing leading edge information systems and services to the insurance industry," said Michael Vaselenak, President of VCS.

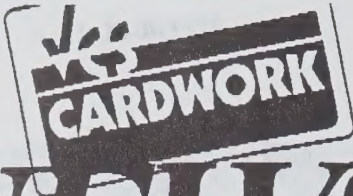
"The Eclipse Adjudication System combines flexibility with sophisticated claims control. The system features will allow Eclipse to respond to the needs of a changing Group Benefits marketplace," said Kevin B. West, President of Eclipse.

Eclipse joint venture partners are: Aetna Life Insurance Company of Canada, The Manufacturers Life Insurance Company, Metropolitan Life Insurance Company and The Prudential Insurance Company of America.

VCS' claims adjudication product R_xPert, is part of the R_xOnline hardware and software turnkey solutions for health care information networks.

For more information, contact Don Wells, National Sales Manager,
VCS Technologies Inc., Suite 305, 707 Tenth Avenue S.W.,
Calgary, Alberta, Canada T2R 0B3
Tel: (403) 234-8711, Fax: (403) 233-0964.

VCS, R_xOnline, R_xPert and associated logos are registered trademarks of VCS Technologies Inc.



NEWS RELEASE

VCS Technologies Inc. 305, 707 - 10th Ave. S.W., Calgary, Alberta Canada T2R 0B3 (403) 234-8711

FOR IMMEDIATE RELEASE

February 7, 1991

TELUS Corporation and VCS Technologies Inc. Sign Letter of Intent.

VCS Technologies Inc. and TELUS Corporation, have signed a letter of intent to form a joint venture between the two companies.

The joint venture will respond to the upcoming Request for Proposal from Alberta Health for the operation of Medilink--the provincial Health Care telecommunications network and claims submission service.

"I believe that our two companies bring complementary strengths to the requirements for total solutions in health care claims capturing and processing. This joint venture also provides the opportunity for joint product and services development. I believe that these initiatives can result in an array of information services to the Alberta medical community that is unequalled anywhere," says Mike Vaselenak, President of VCS.

"We are pleased to partner with another Alberta high tech company to bring these exciting services to Alberta," say TELUS president Hal Neldner. "This is a great opportunity for TELUS' subsidiaries to develop solutions to fit the evolving information needs of the health care market world wide."

Medilink is to be a comprehensive on-line Alberta Health Care claims submission service owned by the private sector under terms and conditions established by the Alberta Government. It is also anticipated that Medilink will supply additional value added functions to Alberta medical practitioners.

TELUS is an Alberta-based telecommunication management corporation responsible for the third largest telecommunications group in Canada. Its largest subsidiary, AGT Limited, provides local and long distance voice, data and video transmission, telephone terminal equipment and business systems.

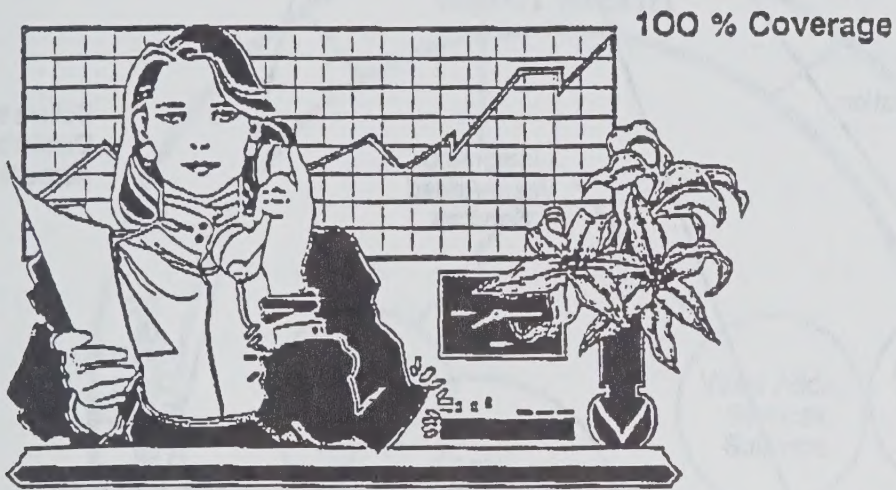
VCS provides hardware, software, operations and implementation solutions for high functionality, wide area transaction processing networks. VCS solutions for health care claims networks are offered under the trademark RxOnline.

Contact

TELUS Corporation
Betty McLennan
Media Relations Manager
Corporate Communication
(403)530-3992

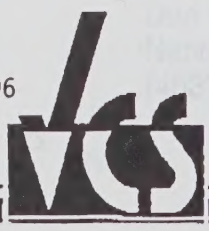
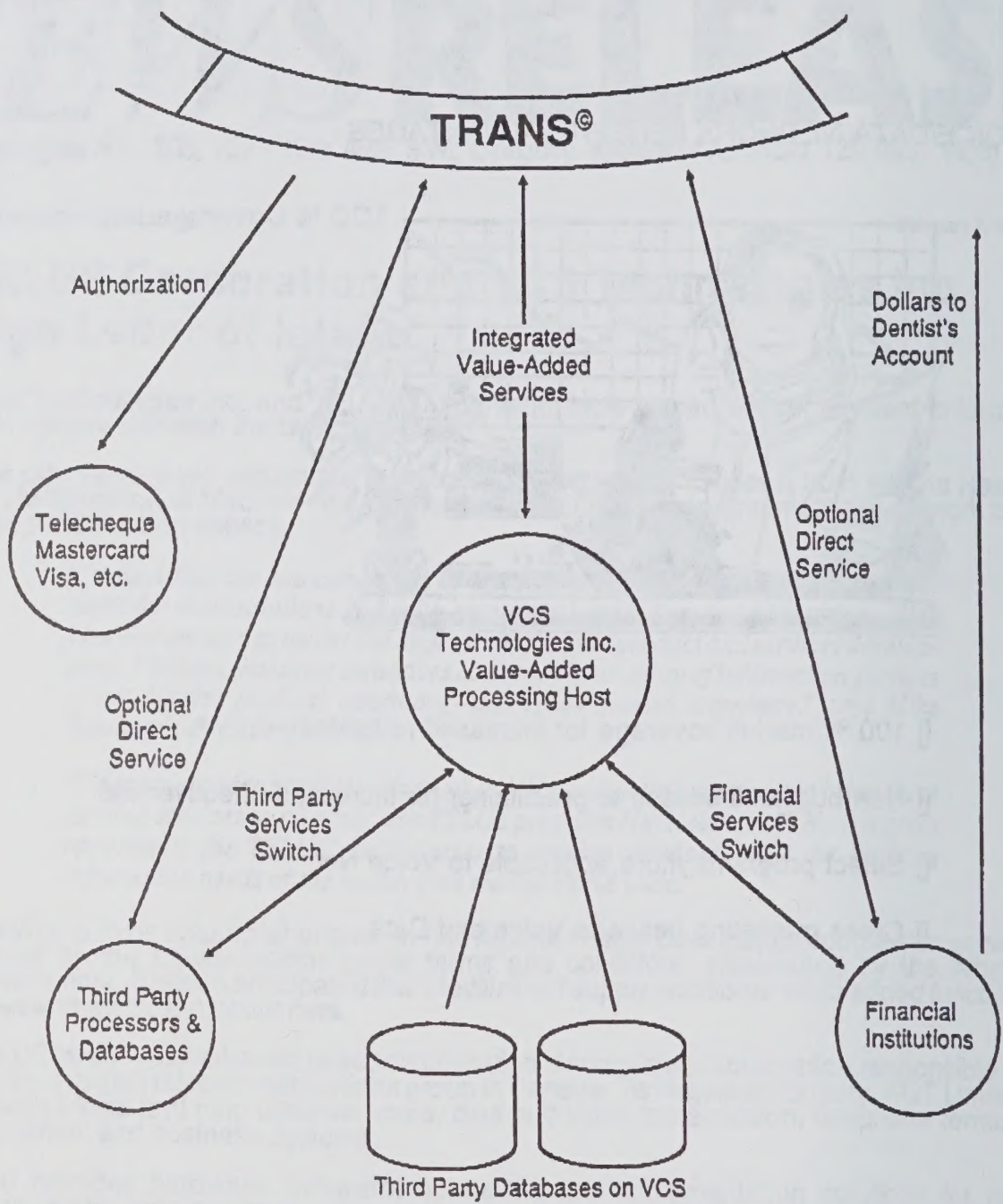
VCS Technologies Inc.
Don Wells
National Sales Manager
(403)234-8711

VOICE/DATA NETWORK BENEFITS/ADVANTAGES

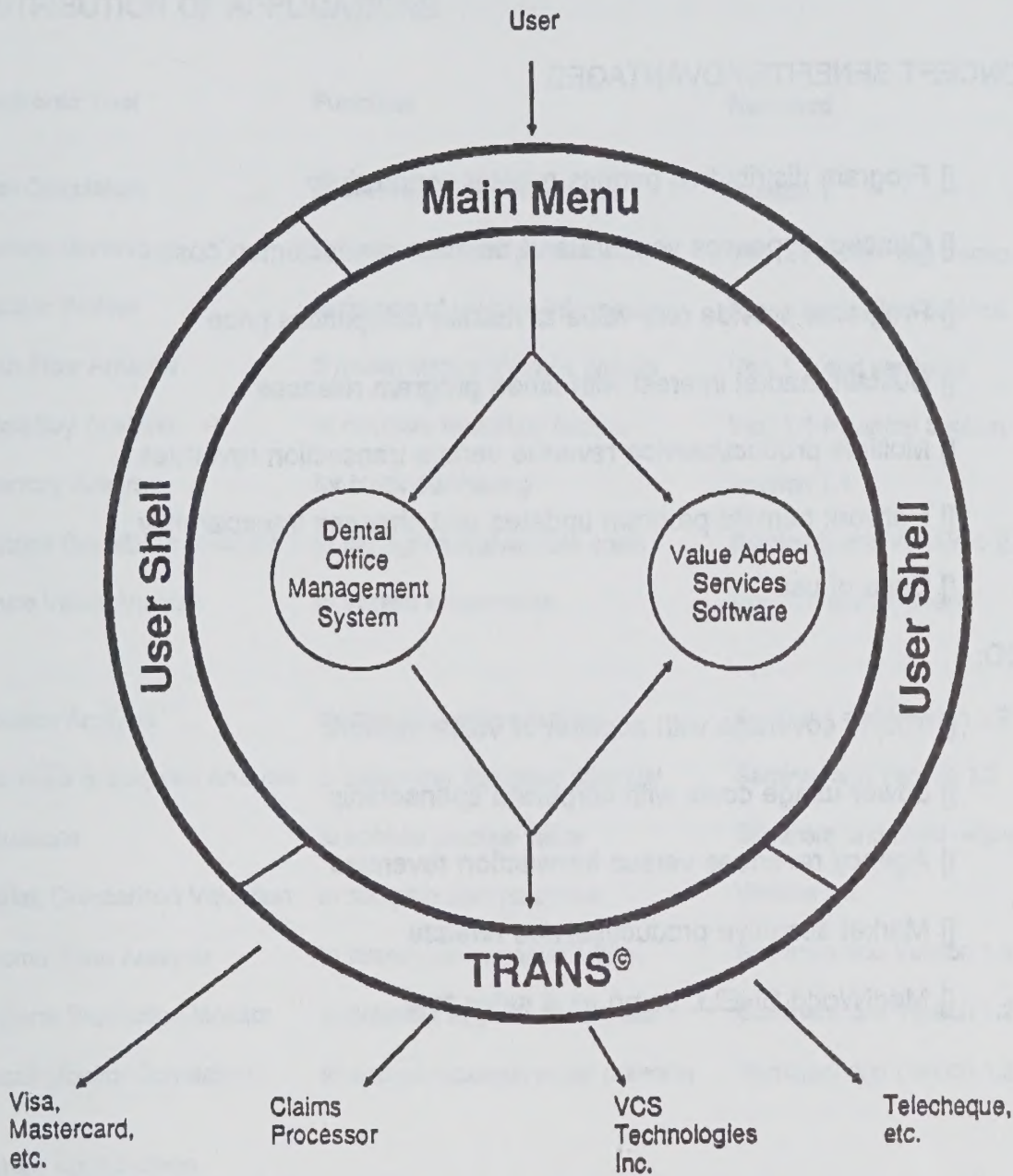


- ▣ 100 % market coverage for increased revenues
- ▣ Non business access to practitioner for increased effectiveness
- ▣ Select programs more applicable to Voice Net
- ▣ Cross marketing between Voice and Data

Value Added Services



On Site



CONCEPT BENEFITS/ADVANTAGES

- ▣ Program distribution permits greater connectivity
- ▣ Concept bypasses vendors and decreases middlemen costs
- ▣ Programs provide real value at market competitive price
- ▣ Sustain market interest with timed program releases
- ▣ Multiple product/service revenue versus transaction revenues
- ▣ Network permits program updates and changes transparently
- ▣ Ease of use

ADD:

- ▣ 100 % coverage with addition of voice network
- ▣ Lower usage costs with corporate sponsorship
- ▣ Agency revenues versus transaction revenues
- ▣ Market sensitive product/service release
- ▣ MediWorld SHELL demo as a sales tool

DISTRIBUTION OF APPLICATIONS

Electronic Tool	Function	Released
Loan Calculators	to determine loan exposures	Version 1
Practice Monitors	to measure monthly performance	Ver. 1 Practice Mgt Section
Practice Profiles	exchange of practice information	Ver. 1 and sellers seminar
Cash Flow Analysis	3 month instant financial picture	Ver. 1.1 and seminars
Lease/buy Analysis	to compare lease/buy factors	Ver. 1.1 Financial Section
Inventory Analysis	for block purchasing	Version 1.1
Practice BreakEven Analysis	to highlight fixed/variable costs	Seminars and Version 1.2
Future Value Analysis	to assess investments	Ver. 1.1 and seminars
Location Analysis	electronic decision support	Seminars and Version 1.2
Associate BreakEven Analysis	to determine associate potential	Seminar and Version 1.2
Valuations	to confirm practice value	Seminars and client request
Market Comparison Valuation	to compare sold practices	Version 1.2
Income Ratio Analysis	to assess performance ratios	Seminars and Version 1.2
Hygiene Production Monitor	to breakout hygiene from gross	Seminars and Version 1.2
Recall Monitor Correlation	to assess maximum recall potential	Seminars and Version 1.2
Future applications		
Payback Analysis	to assess capital expenditures	optional
Electronic lawyer	subject to legal mentor program	optional

COMMUNICATIONS STEERING COMMITTEE

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Ray Wenn, Charlottetown, Chairman
Dr. Barry Dolman, Montreal
Dr. Bryun Sigfstead, Edmonton
Dr. Ron Smith, Duncan

Coordinator: Miss Linda Teteruck

1. Committee Meetings

The Committee has met once since the last Board meeting - on July 18, 1992.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Membership Marketing

Enhancing the image of the CDA to its members and the public alike, improving communications of its services and benefits, and increasing membership in the voluntary provinces remain top priorities for the CDA. In order to accomplish these objectives in as economical a manner as possible, CDA has developed a membership marketing strategy making optimum use of in-house resources when and where possible. Key activities flowing from this strategy include:

- (1) Enhancement of our CDA speakers' tours to key societies in Ontario and Quebec with follow-up by staff to those dentists who have chosen not to renew their membership in CDA.
- (2) Targeted telemarketing activities following the mailing of invoices in Ontario and Quebec. Some of these telephone calls will be made by staff and for maximum impact, some by members of Management Committee and other select individuals.
- (3) Development of our 1991-92 annual review, highlighting Dr. Allen's Presidential year, to be included in our first membership mailing. The annual review will be sent to all dentists across the country as part of our fall communication blitz.

-
- (4) Enhancement and publication of our member services brochure outlining the many products, services and benefits that are available through CDA. This will be sent to present and future members in late 1992 to tie in with the membership campaign, and to inform our ongoing supporters about CDA's benefits package.
 - (5) Development of special membership ads for circulation to Ontario and Quebec dentists. CDA will be developing a limited number of membership ads to run in the Journal throughout the fall. These will theme on the important role CDA plays in the life of dentistry, and will be exclusively targeted to Ontario and Quebec dentists. The Journal also will contain summary statements of the benefits of membership to be read by all members of the profession.
 - (6) Development of a special recruitment campaign for new grads. CDA will continue with its grad dinners but for cost reasons will contain them to Ontario and Quebec. We also have requested classroom time during the school year to speak to dental students not only during their final year but as they enter dental school and begin their commitment to organized dentistry. It is our intent to establish a long term relationship with students and not just solicit them in their final year. In addition, CDA has committed to provide a communications seminar to students at the University of Toronto this year and has approached the CFDE for funding to expand this program to the remaining nine schools. Background work is also being done on development of a new grad seminar series and information package that will assist our newest members in establishing associateship arrangements when they graduate. It is hoped that the first phase of this program will be launched in the spring of 1993.

3. Membership Results

APPENDIX I

To June, CDA has 2,572 active and affiliate members in Ontario, a drop of 90 over the previous June.

Similar comparisons in Quebec show that we have 1,060 active and affiliate members compared to 1,241 the previous year or a drop of 181.

While membership figures in the mandatory provinces show a slight increase, this is not enough to compensate for the figures in Ontario and Quebec, and results in a small decline nationally. This lack of growth in Ontario, decline in Quebec and

growing number of overall non-members is of mounting concern to CDA, particularly in light of the strong leadership that CDA has shown in a number of different areas over the past few years.

The Steering Committee, in conjunction with staff and outside consultants, is developing programs and strategies to alter this pattern. These include the development of new membership benefits, a more targeted membership campaign, greater personal contact and communication with members through an expanded speakers' program, expanded telemarketing activities, the refinement of current services and programs so that they are offered to CDA members only (when and where possible), and the hiring of a membership services manager to deal exclusively with CDA membership concerns in both the mandatory and voluntary provinces alike.

4. **Membership Services Manager**

CDA is pleased to welcome Mrs. Carol Anne St. Laurent as our new Membership Services Manager. Carol Anne joined CDA on June 29 and brings with her over seventeen years of experience in the areas of sales and customer service with Henry Birks and Sons. It will be Carol Anne's responsibility to develop, manage and execute an effective recruitment, retention and benefits program for CDA.

5. **Telemarketing**

For the first time CDA undertook an extensive telemarketing campaign targeted to those dentists who had chosen not to renew their membership this year. The spring program was twofold, with members of Management Committee and select dentists from Ontario calling over 248 non-members during a day-long phone blitz. The results were encouraging with a 40% membership renewal rate from these calls. Those remaining dentists were called by staff over a five-day period. Unfortunately, the results were not as positive with only a 3% renewal rate. The results verify the effectiveness of a dentist-to-dentist approach which will be integrated into the 1993 campaign.

6. **New Member Benefits**

One of the focuses of CDA activity in the next year will be to develop new member benefits that will demonstrate added value to our members and encourage non-members to re-evaluate their decision. Areas being looked at include provision of the pharmaceutical compendium to members only at an exclusive CDA price, development of an associateship selection and practice

management program for new grads, an infection control log book, a travel program, repackaging of CDA's current policies and guidelines for easy reference by our members, development of a media binder and media tips for members only, and development of an attractive financial and banking package.

With the advent of value added's through CDAnet, formal links have been established between the Communications Steering Committee and the CDAnet Committee to ensure that the development of member benefits is coordinated and consolidated.

7. **Review of Current CDA Member Benefits**

With the emphasis in CDA's new mission statement on member services, the Membership and Steering Committees have undertaken an extensive review of the current programs and benefits that CDA offers the profession. The purpose of this exercise will be to restrict and/or enhance certain of CDA's programs and offerings to members only. While it is recognized that financial, political and professional considerations will influence CDA's decision making in this area, it is the Steering Committee's intent to target certain activities to members only with access only through membership support.

It is expected that the results of this review will be reported to the Board at its next meeting.

8. **Publications**

Despite the recession and CDA's current financial restraints, CDA's publications continue to show stability, and we anticipate some modest growth in the near future. Although Journal advertising has seen a 10% decline in total number of pages over the past year, revenues are up due to a modest increase in the fees charged to our current advertisers and an increase in overall classified advertising. The first half of 1992 augers well for CDA with both revenues and expenditures on budget and with the Journal approaching an operational break-even basis.

This has been made possible by bringing many aspects of Journal production in-house, through a complete retendering of print production, and through astute management by our Editor, Ralph Crawford and our Managing Editor, Terry Davis.

The Communiqué continues to be published on a needs basis with two issues appearing to date in 1992 and a third issue planned in late September. The Annual Review will again be published as a special issue of the Communiqué and will be distributed during the fall membership campaign to all dentists across the country.

CDA's current review of member benefits will impact on CDA's publications as well, as the Steering Committee undertakes an extensive review of how information is sent to the profession and our members alike. It is anticipated that there will be greater enhancements to the information we currently send to members only and a redefinition of the types of information appearing in the Journal and Communiqué.

Future activities include development of publishing standards for all publications within CDA and consolidation of publishing activities so that CDA can realize greater quality assurance and financial benefits in this high volume and costly area.

9. **Merchandise**

To date, 1992 has been a growth year for CDA in the sale of merchandise to the profession, largely due to the success of CDA's new Dental Information System, a series of 8 new public education booklets covering the following topics:

- The Checkup
- Common Adult Dental Problems
- Dental Care for Seniors
- Gum Disease
- Cosmetic Dentistry and Orthodontics
- Restoring Your Teeth
- The Dental Office: Health and Safety
- Personal Dental Care

Within the first seven months of distribution over 300,000 booklets have been sold. Merchandise revenues for the first five months of 1992 have surpassed total revenues for 1991 and it appears that CDA will surpass its revenue projections for 1992.

The success of this program is due in large part to the generous sponsorship of Colgate-Palmolive and to the development of an aggressive and effective marketing program that has included promotional flyers in the Journal and Communiqué and an extensive sampling program to dentists and hygienists alike. 1993 calls for a continuation of Colgate's commitment to the DIS with funding for new materials, an expanded sampling campaign and new promotional materials.

10. **Role of Specialty Groups in the Development of Patient Education Materials**

The development and vetting of DIS materials has generated some concern by specialty groups on their role in the production and development of materials developed by CDA for the public.

While it had not been CDA's practice to forward materials to specialty groups for their review, but rather to utilize a special CDA committee of both general practitioners and specialists alike, the willingness of the specialty groups to participate in this process has been noted, appreciated and will be utilized with their input as part of CDA's future vetting process.

11. **Corporate Sponsorship**

The CDA continues to actively pursue corporate sponsorship to support the achievement of its public awareness objectives, particularly in light of decreased Association budgets and funding.

Needless to say, the recession has affected not only the dental profession but the dental trade with fewer dollars available for these types of programming activities. Nonetheless, CDA has been successful in securing a \$125,000 commitment from Colgate-Palmolive for continuation of Dental Information System activities in 1992 and there is strong potential for continued support in 1993. Ash Temple has recently confirmed its support of a national seminar program promoting CDA's Dental Consumer of the 1990's lecture series and 3M has funded an in-office audiotape featuring CDA's Bob and the Five-Point Prevention Plan.

In order to effectively and efficiently contact as many corporate sponsors as possible, CDA has recently developed a detailed sponsorship manual outlining a variety of public and professional programs that require funding, and has sent this manual to a wide variety of dental industry representatives.

12. **Issue Management**

In keeping with CDA's priority of informing its members about issues that affect their practice, professional and political lives, CDA once again reached its members with information in advance of a May broadcast on U.S. TV on the likelihood of contamination of dental handpieces. In light of current public and media concerns on infecting patients with the HIV virus through dental treatment, CDA felt it was extremely important that our members were well informed on this issue to adequately address their patients' concerns.

The Steering Committee is proud of the Association's success in this area and is confident this level of commitment and service to our members will continue in the future.

13. **Conclusion**

The predominant and overriding concern of the Steering Committee and its subcommittee, the Membership Committee, has been in the area of membership and member services.

A great deal of time, resources and energy have gone into an analysis and review of what CDA offers its members and how these offerings are marketed, particularly when resources, manpower and program dollars are limited.

It is important that the Association continues to vigorously pursue its mandate of service to members, as outlined in its mission statement.

The success of this endeavour, however, is dependent upon the support, co-operation and integration of programming activities among the CDA and its corporate members.

In these tough economic times, when our shared members are seriously evaluating value for dollars spent, we must ensure that the benefits and services we offer are complementary to one another, and that our shared constituents view their support of both CDA and their provincial association as essential to their success and livelihood as health care professionals in today's changing world.

In striving to meet this objective, I extend my sincere appreciation to Linda Teteruck, Joel Neal and their staff, and to all members of the Steering and Membership Committees, with special recognition to Dr. Ron Smith, who was a founding member of this Committee and a valuable contributor to our progress and discussions. We wish Ron well in his future endeavours, and hope to see him once again participating in organized dentistry in the not too distant future.

Respectfully submitted,

Ray Wenn, D.D.S.
Chairman, Communications
Steering Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Communications Steering Committee as information.

APPENDIX I

MEMBERSHIP STATISTICS

			% change 1992\1991	% members of licenced Dentists
ACTIVE & AFFILIATE				
QUEBEC	1992 June	1,060	-14.59%	
	1991 June	1,241		
	1991 year end	1,261		
ONTARIO	1992 June	2,572	-3.38%	
	1991 June	2,662		
	1991 year end	2,678		
MANDATORY	1992 June	4,934	0.71%	
	1991 June	4,899		
	1991 year end	4,930		
CANADA	1992 June	8,566	-2.68%	58.80%
	1991 June	8,802		62.83%
	1991 year end	8,869		63.31%

LICENCED DENTISTS

CANADA	1992 estimate	14,569	4.00%
	1991 year end	14,009	

COMMITTEE ON COMMUNITY & INSTITUTIONAL DENTISTRY

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. Jack H. Gryfe, Chairman, Toronto Dr. Neil Farrell, London Dr. John Hardie, Vancouver Ms. Carol Clemenhagen, Ottawa Dr. Trey Petty, Calgary Dr. Geoff Smith, St. John's Dr. Wayne Steggle, Smith Falls Mrs. Carol Worobey, Ottawa Dr. Julian Tsafaroff, DVA, Toronto (Observer)
Executive Liaison:	Dr. Ron Smith, Duncan
Senior Staff:	Mr. Brian Henderson, Director, Professional Services Dr. Arthur Schwartz, Associate Director, Professional Services
Coordinator:	Mrs. Danuta Askew

1. Committee Meetings

The Committee on Community and Institutional Dentistry has met once since its report to the Interim Meeting of the CDA Board of Governors. The meeting was held in Ottawa on May 9, 1992. Ms. Carol Clemenhagen (CHA) and Dr. Julian Tsafaroff (DVA) were unable to attend due to other commitments. Mrs. Worobey was represented by Ms. Jackie Smorang.

ITEMS REQUIRING BOARD ACTION

2. Management of Hazardous Materials in the Dental Office

- a) At the 1992 Interim Meeting of the CDA Board, the Committee was directed, following final editing, to circulate the manual "Management of Hazardous Materials in the Dental Office" for comments prior to presentation to the Annual Meeting.

The Committee has reviewed the manual in its entirety and comments have been reviewed from parties that have answered.

RESOLVED:

- 92.39** **THAT the manual "Management of Hazardous Materials in the Dental Office" be approved by the Canadian Dental Association.**

APPENDIX I

The Board Governors approves the document as a CDA resource, and directs that it be made available to CDA Corporate Members and provincial Licensing Authorities. The document will be sold on a cost-recovery basis.

- b) The Committee wishes to stress the outstanding participation of Dr. Wim Oudshoorn in researching and preparing numerous drafts of the document "Management of Hazardous Materials in the Dental Office".

RESOLVED:

- 92.40** **THAT the CDA Board recognize the outstanding contribution of Dr. Wim Oudshoorn in preparing the manual "Management of Hazardous Materials in the Dental Office".**

ADOPTED

3. Fluoride

The Committee on Community & Institutional Dentistry has accepted and reviewed the Report and recommendations of the Canadian Conference on the Evaluation of Current Recommendations Concerning Fluorides held in Toronto April 9-11, 1992, recognizing the impact that this historical conference will have.

APPENDIX II

RESOLVED:

- 92.41** **THAT the Committee accepts in principle the recommendations from the Canadian Conference on the Evaluation of Current Recommendations Concerning Fluorides, and recommends that CDA utilize the report and recommendations of the conference in reviewing current CDA policy on the use of fluorides.**

ADOPTED

The Committee on Community & Institutional Dentistry is appreciative of the hard work and diligence of the organizers of this conference.

RESOLVED:

- 92.42** **THAT the CDA Board of Governors recognize the leadership of Drs. Chris Clark, Ralph Burgess and Hardie Limeback, in organizing and spearheading the Conference on the Evaluation of Current Recommendations Concerning Fluorides to successful conclusion.**

ADOPTED

4. Infection Control

The Committee has been encouraged to develop an infection control manual/log for quick reference by the practitioner. Preliminary initiatives have been taken to produce related resource material.

RESOLVED:

- 92.43** **THAT a prototype infection control manual be developed as a membership service, to be utilized as an in-office reference manual.**

ADOPTED

The Board of Governors requests that CFDE be approached to provide financial assistance to this project.

Assuming Board approval, Dr. Trey Petty has been asked to coordinate work on this project.

The growing concern of proper maintenance of acceptable office infection control was reviewed by the Committee. To better ensure this ongoing infection control, the Committee put forth the following recommendation.

RESOLVED:

- 92.44** **THAT the word "must" be replaced with the word "should", in the following recommendation.**

ADOPTED

RESOLVED:

- 92.45** **THAT the CDA Recommendations for Infection Control be amended to state that heat sterilizers should be biologically monitored as to their effectiveness at least on a monthly basis, and that a log of this monitoring be maintained.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

5. Teaching Conference

The Committee on Community & Institutional Dentistry notes with pleasure the Boards's support for a proposed Teaching Conference on Hospital Dentistry. In anticipation of a successful conference, the CID Committee will contact the CDA Council on Education and suggest that "the Teaching Conference include the creation of a template for the acquisition of information which will allow the creation of a pertinent database on Hospital Dentistry in Canada."

6. References to dentistry in other health organization literature

A review of recent pamphlets from the Pharmaceutical Manufacturers Association of Canada and the Canadian Hemophilia Society have demonstrated an inconsistency in oral care expectations. The Committee will endeavour to identify literature from as many health organizations as possible who include references to oral care in their patient information to include current oral care expectations.

7. Summary

In conclusion, the Chairman thanked his Committee for their productivity and support. He closed by acknowledging the irreplaceable support that he has received during his tenure from the CDA staff with special acknowledgement of the services of Mrs. Danuta Askew, Dr. Arthur Schwartz and Mr. Brian Henderson.

Respectfully submitted,

Jack H. Gryfe, D.D.S., Chairman
Committee on Community & Institutional
Dentistry

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Community and Institutional Dentistry.

APPENDIX I

The manual "Management of Hazardous Materials in the Dental Office" is not re-printed in the CDA Transactions, but is available by contacting CDA offices.

PRESS RELEASE**CANADIAN CONFERENCE ON THE EVALUATION OF CURRENT
RECOMMENDATIONS CONCERNING FLUORIDES**

Fluoride has been proven to be a very effective and inexpensive way of preventing tooth decay, and its introduction into community water supplies, toothpastes, rinses and other products has contributed to a dramatic decrease in the rate of tooth decay for people of all ages. A national Conference on Fluorides was held in Toronto on April 9-11, 1992, at which dental public health and pediatric dentistry specialists, and dental scientists from across North America reviewed and evaluated current literature on fluorides with the goal of determining how the various sources of fluoride can best continue to contribute to prevention of tooth decay.

The Conference resulted in a number of recommendations. The most important is a recommendation reaffirming the role of community water fluoridation as an effective and practical means to deliver fluoride to groups and individuals, especially to those who have little access to other sources of fluoride or preventive technologies. The Workshop emphasized that there is no evidence that fluoridation at current dosages presents any risk to general health, but suggested that there should be periodic re-evaluation of recommended fluoride concentrations to determine optimal levels. Other recommendations were made to limit the exposure of young children to sources of fluorides other than city water supplies during the years when intake of more than optimum amounts can lead to mild or even moderate fluorosis. Children are most sensitive to fluorides during the first six years of life when the adult teeth are still developing. The complete list of recommendations is attached. These recommendations will be forwarded to the Canadian Dental Association for consideration.

April 1992

RECOMMENDATIONS

General consensus opinion was achieved by the Working Groups on the following statements:

Water fluoridation

1. Water fluoridation at recommended levels is endorsed and encouraged because:
 - a) Water fluoridation is an efficacious/effective measure for preventing dental caries in all age groups.
 - b) Water fluoridation provides the greatest benefits for those who have limited access to other sources of fluoride or other caries preventive technologies.
 - c) At recommended doses, there is no evidence that water fluoridation presents a risk to general health.
 - d) Water fluoridation is the preferable source of systemic and topical fluoride to prevent dental caries.
2. A scientific panel should be convened to review and evaluate the data concerning standards on the minimal, optimal and maximum concentrations of fluoride in fluoridated communities, and the maximum allowable concentration of fluoride for naturally fluoridated communities because of the:
 - a) potential risk of dental fluorosis (a side effect which may or may not be an esthetic concern in the future but is in no way a major dental health problem at this time);
 - b) increased exposure of the public to a wide variety of new and different sources of fluorides;
 - c) evidence that increased exposure to fluorides has increased the prevalence of fluorosis;
 - d) impact of variations in ambient temperature and humidity, and the increased use of air conditioning throughout Canada that need to be considered for the determination of optimal concentrations.
3. Fluoride levels in community water supplies should be monitored and adjusted to prevent wide fluctuations in fluoride concentrations.
4. Manufacturers should provide labelling on foods and beverages to indicate the fluoride content of the product.
5. The Canadian Government should institute legislation requiring manufacturers to provide information on the fluoride content of their products.

- 6. Standards, e.g. milligrams of fluoride per unit volume, should be developed to report the fluoride concentrations in products.
- 7. The Canadian Government should assign a senior dental officer as a spokesperson and expert to provide the official government position, and to coordinate and help disseminate information on issues relating to water fluoridation.

Chewable Tablet or Drop-form Fluoride supplements

- 1) Chewable fluoride supplements:
 - a) should not be recommended for children less than three years old.
 - b) should be targeted only for individuals or groups at high risk to dental caries.
 - c) should only be sold in chewable form and as a behind-the-counter product.
 - d) should not be recommended in fluoridated areas.
 - e) should be packaged with a written dosage regimen.
- 2) The use of chewable fluoride supplements may be appropriate for targeted individuals and groups for children three years and older according to the following dosage schedule:

Estimated mean fluoride level from all ingested fluids

Age of Child	Fluoride in Water Supply <0.3 ppm
3, 4 & 5 yrs	0.25 mg*
6+ yrs	1.0 mg

* if there is not regular use of fluoridated toothpaste, then 0.5 mg is recommended

- 3) The estimation of the mean fluoride ingested from all fluid sources should include all home and child care water sources, and the possible impact of water filtration devices within the home.
- 4. Commercial interests should be required to formulate proper dosage regimens both for chewable fluoride and multivitamin supplements.

Fluoride dentifrices

1. The following guidelines are proposed for children under 6 years of age who use fluoridated toothpaste:
 - a) Brushing should be normally twice a day;
 - b) Brushing should be supervised by an adult.
 - c) A pea-sized amount of toothpaste (or a single ribbon/strip of dentifrice not to exceed half the length of the head of a child-sized toothbrush) should be dispensed, preferably by the supervising adult.
 - d) Swallowing should be discouraged (after brushing expel, rinse with water and expel the rinse).
2. The above guidelines should be made available to the public either through product labelling on the package or by product inserts.
3. Product labelling or package inserts containing these guidelines should be included in the criteria for awarding the CDA Seal of Recognition for dentifrices containing fluoride in the 1000 - 1100 ppm range.
4. Studies to investigate the efficacy/effectiveness of a lower dose fluoride dentifrice, i.e. 500 ppm, for use by children under 6 years of age should be encouraged.
5. Manufacturers should be discouraged from marketing toothpastes, which, because of their taste or appeal, encourages swallowing or excessive use.
6. Manufacturers should be discouraged from marketing toothpastes that have "extra strength" fluoride content (i.e. greater than 1100 ppm).

Professionally applied topical fluorides (gels and varnishes)

1. The selective use of professionally-applied topical fluorides (gels and varnishes) should be endorsed. The decision to use topical fluoride will be based on the assessment of caries risk of patients as determined by the dentist.
2. If a professional prophylaxis is performed prior to the application of topical fluoride, a non-fluoridated prophylaxis paste is recommended.
3. Studies on the effectiveness of professionally applied topical fluorides with a reduced concentration of fluoride should be promoted.
4. The following procedures for the professional application of fluoride gels should be encouraged:
 - a) Apply for 4 minutes in well-fitting trays with absorbent liners (custom trays).
 - b) Use only a ribbon of gel in each tray, approximating 2.5 ml in each full-size tray but less in small trays for children.
 - c) If custom trays are used, only 5-10 drops of gel should be dispensed.
 - d) Place the patient in an upright position during application.
 - e) Use suction to remove excess saliva/gel mixture during and after the procedure.
 - f) Remove excess gel at the conclusion of the procedure.
 - g) Instruct the patient to expectorate as much of the material as possible following the removal of trays and not to rinse, eat or drink for 30 minutes after the procedure.

Fluoride Mouthrinses

1. The use of dental public health school programs using fluoridated mouthrinses (currently 0.2% sodium fluoride administered weekly or biweekly) should be considered for use only in high risk populations aged 6 years and over.
2. Self-applied, daily rinse programs using over-the-counter or specially-formulated fluoride mouthrinses (0.05% sodium fluoride) should be used only in high risk individuals who are aged 6 years and over.
3. All over-the-counter fluoride mouthrinses which are used daily (0.05% sodium fluoride) should be labelled to indicate that they should not be used by children under the age of 6 years.
4. Manufacturers of over-the-counter fluoride mouthrinses should be encouraged to develop alcohol-free products or products with a reduced alcohol content.
5. The Health Protection Branch of Health and Welfare Canada should reconsider its approval of 0.2% sodium fluoride mouthrinses that can be purchased over-the-counter.

Self-applied Fluoride Gels

1. Self (toothbrushing) applied fluoride gels should not be used in children under 6 years of age and should not be routinely used by adults when used in addition to toothpastes.
2. The daily use of fluoride gels in customized trays for individuals at high risk to dental caries may be appropriate. If gels are used by children under the age of 6 years, this should be done only on the direction of a dentist in order to minimize the risk of ingestion. If customized trays are used, only 5-10 drops of gel should be dispensed. When customized trays can't be used because of patient management considerations, the application of the gel with a toothbrush may be appropriate for high risk individuals. This brushing should be closely supervised by an adult.

COMMITTEE ON CONSUMER PRODUCT RECOGNITION

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. M. Eggert, Edmonton - Chairman Dr. B. Chapple, Port Hope Dr. E.C.S. Chan, Montréal Dr. H. Limeback, Toronto Dr. D. Haas, Toronto Dr. H.S. Sandhu, London
Executive Liaison:	Dr. B. White, Saskatoon
Observer:	Dr. M. Akoury, Health & Welfare Canada, Ottawa
Senior Staff:	Mr. B. Henderson, Director, Professional Services Dr. A. Schwartz, Associate Director, Professional Services
Coordinator :	Mrs. C. Dowsing

1. Committee Meetings

The Committee on Consumer Product Recognition has held one meeting since its report to the 1992 Interim Meeting of the CDA Board of Governors; the meeting was held on May 29, 1992.

ITEMS REQUIRING BOARD ACTION

2. Recognition Program for Sugarless Chewing Gum

In its report to the 1991 Annual Meeting of the CDA Board of Governors the Committee proposed the adoption of a two tier recognition program utilizing the current program as the basis for awarding a Silver Seal and introducing the concept of a Gold Seal for products that have been clinically proven by manufacturers who have also demonstrated corporate responsibility through support of dentistry, dental research and public health education. This proposal was approved by the Board and the Committee has given consideration, in its development of a recognition program for chewing gum, to differentiating between Silver Seal recognition and Gold Seal recognition.

It is felt that there is justification for recognition at both levels, with Silver Seal recognition linked to the fact that sugarless gum does not promote caries while Gold Seal recognition would be granted for the clinically demonstrated positive therapeutic effect. There is evidence to support xylitol as a caries preventive agent.

The Committee has concluded, however, that current studies do not provide a sufficient scientific basis for the immediate introduction of the Gold Seal program. Additional investigation is planned, and it is foreseen that a Gold Seal program will be developed in future. On the other hand, there is an immediate basis for launching a Silver Seal recognition program for sugarless gum.

There is scientific evidence demonstrating that prolonged chewing of chewing gum has beneficial effects. There is accordingly a valid basis for the promotion of chewing gum just as there is for the promotion of brushing and flossing. The Committee notes, however, that it would be advantageous to limit CDA recognition to the Silver level both to reduce complications in dealing with Health Protection Branch regulations and to permit scope for recognition of therapeutic claims under the Gold Seal program. The Committee proposes the following.

RESOLVED:**APPENDIX I**

92.46 **THAT the CDA Board of Governors approve the introduction of a Silver Seal recognition program for chewing gum based on the criteria and testing described in Appendix I, "Principal Elements of CDA Recognition Program for Sugarless Gum", and which includes the following recognition statement to be accompanied by the CDA Seal:**

"Recognized by the Canadian Dental Association."

ADOPTED

A legal opinion was provided to the Board of Governors on the appropriate use of the term "recognized" as opposed to "accepted". The use of the term "recognized" is appropriate.

3. **Fluoride Workshop**

The Committee discussed the recommendations resulting from the fluoride workshop held in Toronto on April 9 to 11th, 1992. It was agreed that the CPR Committee's fluoride guidelines will be reviewed both in relation to the development of the Gold Seal program and in relation to any results of follow-up on the National Fluoride Workshop.

RESOLVED:

92.47 **THAT the recommendations from the National Fluoride Workshop be utilized by appropriate CDA Committees as a basis for review of existing policies dealing with fluorides.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. **Gold Seal Program**

As noted earlier, the Committee is continuing its development of the Gold Seal of recognition program. Draft guidelines have been prepared and will be made available separately to the Board of Governors for individual review and comment. The Committee also proposes to seek publication of the draft guidelines in the CDA Journal in order to solicit further advice and comments. The Committee has employed such a process of publication of draft guidelines and review of comments in the development of previous recognition programs.

5. **Advertising to Professionals**

The Committee has reviewed correspondence from manufacturers complaining about advertisements employed by competitors and addressed to the dental profession as distinct from consumers. The Committee has reaffirmed a previous decision that its primary responsibility is to ensure that advertisements directed to consumers and employing the CDA seal and recognition statement conform with criteria specified in the recognition contract. However, the Committee cannot, and will not, attempt to control advertising directed to professionals. The Committee has decided to contact manufacturers, and inform them that the use of the CDA seal and recognition statement must not be associated with claims other than caries prevention, even in advertising directed to professionals.

6. **Teeth Whiteners**

The Committee reviewed and discussed previous correspondence with Health and Welfare which pointed out the FDA's decision to classify teeth whiteners as drugs. There is a continuing concern that these products are being marketed directly to consumers in Canada and that Health and Welfare has not responded to CDA's concerns. It is understood that some of these products marketed through a 1-800 number. It was agreed that direct representation of CDA's concerns to Health and Welfare should be considered and CDA administration will be arranging for a representative to speak directly to officials at Health and Welfare Canada.

7. **Development of a Policy on Cosmetic and Drug Claims in Relation to Oral Health Products**

It was noted that the problem of teeth whiteners and the desirability of classing such a product as a drug illustrated a wider concern about cosmetic and drug claims in relation to oral health care products. The Committee has agreed to explore this concern with a view to developing an official policy statement on the subject of cosmetic and drug claims in relation to oral health care products. The resulting statement will be brought to the CDA Board of Governors for approval.

8. **Gingivitis Guidelines**

The Committee is still in the process of re-examination of the approved guidelines for recognition of products contributing to the control of gingivitis. Re-examination has taken place because of the number of questions arising from difficulties encountered by manufacturers seeking recognition under the current guidelines. Questions have arisen with respect to the appropriateness of a clinical target as opposed to statistical measures of effectiveness, the value of a relative target (a comparison of the clinical effect of one product versus a standard such as chlorhexidine) and the use of a visual index for evaluation of gingivitis versus a bleeding index for evaluation of gingivitis. The Committee has noted the difficulty experienced by manufacturers in meeting current standards and has conducted its exploration with a view to expediting recognition of "over the counter" products demonstrating acceptable but lower clinical efficacy relative to that but as distinct from controlled products containing chlorhexidine. This investigation is ongoing, and further developments will be brought to the attention of the Board.

9. **Mechanical Toothbrushes**

The Committee has explored the potential of introducing a recognition program for electric toothbrushes presenting evidence of efficacy under the CDA gingivitis guidelines. It was concluded that there are difficulties in differentiating the efficacy of manual and electric brushing and that more appropriate recognition might be granted under the CDA's Toothbrush Recognition Program administered by the Dental Materials and Devices Committee. The Committee is referring requests for recognition of mechanical toothbrushes to the Committee on Dental Materials and Devices for consideration.

The CPR Committee wishes to thank Mr. Brian Henderson, Director, Professional Services, Dr. Arthur Schwartz, Associate Director and Mrs. Christiane Dowsing, Committee coordinator for their assistance and advice during the past year.

Respectfully submitted,

F. Michael Eggert, D.D.S.,
MRCD(C), M.Sc., Ph.D.,
Chairman, Committee on Consumer
Product Recognition

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Consumer Product Recognition.

**PRINCIPAL ELEMENTS OF CDA RECOGNITION PROGRAM
FOR SUGARLESS GUM**

SILVER SEAL LEVEL

BACKGROUND:

Current claims allowed by the Health Protection Branch of Health and Welfare Canada on chewing gum sold as food

"Does not promote tooth decay"

This type of negative statement is permitted on chewing gum sold as food because it does not make the claim that dental decay can be "reduced" if the product is used. The Health Protection Branch (HPB) has guidelines for the use of negative statements on products sold as foods. It also has restrictions on which organizations are allowed to place third party endorsements on food products.

Fights cavities

HPB will permit the use of such claim on chewing gum if the chewing gum is sold as an over-the-counter (OTC) drug product with a general product (GP) number. This claim is considered a therapeutic statement requiring a General Product (GP) number and is not allowed on food products. There are examples of other chewing gums that have been awarded a GP or Drug Identification number (DIN) because of the therapeutic claim or because the active ingredient is a drug (i.e. Aspergum). Since xylitol is not considered a drug, chewing gums containing xylitol with the above therapeutic claim require a GP number. The GP number allows the manufacturer to advertise the therapeutic benefits of the product on the label and in the media to the general consumer. Thus far, manufacturers have chosen to market sugarless chewing gums as foods and not as GP products.

PROPOSED CDA RECOGNITION

"Recognized by the Canadian Dental Association" (no qualifying statement to be added)

This is the simplest version of CDA recognition possible. It could be used on the chewing gum wrapper along with the standard CDA "Crest" without any accompanying statement. In this form, it would still be a third party endorsement and its use on food products may still be restricted. HPB has published guidelines for the use of third party endorsements of food products. It may still be possible to advertise the CDA recognition of chewing gums in general, however, without requiring that the product have a GP number, according to HPB guidelines.

CRITERIA FOR AWARDING CDA RECOGNITION

Carbohydrate content

- (a) The gum should be "sugarless" as previously defined by HPB (i.e. no sucrose)
- (b) The gum may contain mildly-cariogenic sucrose-substitutes (e.g. sorbitol, mannitol) but the cariogenic potential of these carbohydrates has to be demonstrated to be at very low levels. The low cariogenic potential must be supported by laboratory and/or clinical data such as acid production from sugar fermentation by plaque in vitro or in vivo - see below.
- (c) The gum must not contain cariogenic complex carbohydrates (e.g. starch) that could produce fermentable carbohydrates (e.g. glucose, maltose) as a result of digestion by salivary enzymes (e.g. amylase). These complex carbohydrates may not register as cariogenic in tests used to measure changes in plaque pH (e.g. pH telemetry) but since they still may cause caries in vivo, other cariogenicity tests may be required.

CONVENTION COMMITTEE

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

General Chairman: Dr. Michel Jahjah, Montreal

Executive Liaison: Mr. Jardine Neilson

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Convention Meeting

The Convention Committee is meeting regularly on a monthly basis to prepare for the August Convention.

2. Registration

The flow of delegate registration forms commenced in late April and is increasing weekly.

3. Computerized Registration

This year EXAN will again be providing CDA Conventions with the support necessary to allow for computerized registration on site. There will be on-site registration located at the Calgary Stampede Park and an Information Table at the Palliser Hotel.

4. Exhibits

There are, at this time, 203 exhibit booths confirmed. The original floor plan was modified due to a lack of eating/restaurant facilities at the Stampede Park. Therefore, an eating area was created in the Exhibit Hall. Requests for booth space will be put on a waiting list.

5. Publicity

The preliminary program were mailed out during the second week of May. Copies were sent to all licensed dentists in Canada (approximately 14,000), to all members of the Alberta Dental Hygienists Association and the Alberta Dental Assistants Association.

The CDA Journal has provided convention coverage since January. This year, the number of pages has been reduced by 30%. The 1992 CDA Convention Program will also be published in the June and July issues of the Dental Products Report.

Convention staff also participated in both the Journées Dentaires and ODA Exhibit Hall, CDA booth to promote the Calgary Convention.

6. Sponsorship

Opening Ceremony

The Opening Ceremony will be held in the Jack Singer Hall of the Calgary Centre of Performing Arts. The venue for this event will feature the Young Canadians with supporting performances for Cindy Church and The Rhythm Rangers and Red Thunder. Ash Temple/Servident is sponsoring this event.

Aurum Ceramic will be sponsoring several events; a car to be drawn for Exhibit attendance, the golf tournament, two chuckwagon breakfasts, western scarves, etc.

Other dental companies are sponsoring speakers

Air Canada will also be providing two tickets for a draw prize.

7. Convention staff

Lori Faughan has joined the convention team. Lori started in late March and is on contract until September. Janice Edgar will be returning from maternity leave on July 8, 1992.

8. Convention Attendance

A verbal report was presented to the Board members at the Annual Meeting, detailing registration figures in all categories of attendance.

9. 1993 CDA/ODA Convention

The 1993 Convention Committee had its first meeting on March 28, 1992, in the ODA office in Toronto. Working arrangements with all groups have now been reached.

A preliminary format has been tentatively agreed upon with more discussions to follow at the next Committee meeting.

10. 1994 FDI

A promotional flyer to potential exhibitors for the 1994 FDI Convention was sent out in April. There has been an enthusiastic response to date with responses coming in on a regular basis.

Respectfully submitted,

Michel Jahjah, D.D.S.,
General Chairman
CDA Conventions

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Convention Committee as information.

DENTAL SPECIALTIES COMMITTEE

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. I. Vogan, Chairman - Canadian Academy of Periodontology
Dr. R. Fisher, Association of Prosthodontics of Canada
Dr. J. Phillips, Canadian Academy of Endodontics
Dr. E.H. Yen, Canadian Association of Orthodontists
Dr. J. McComb, Canadian Academy of Oral Pathology & RCDC Observer
Dr. N. Farrell, Canadian Society of Public Health Dentists
Dr. V. Legault, Canadian Academy of Pediatric Dentistry
Dr. C. Price, Canadian Academy of Oral Radiology
Dr. D. Precious, Canadian Association of Oral & Maxillofacial Surgeons

Executive

Liaison: Dr. B. Sigfstead, Edmonton

Senior Staff: Ms. S. Deziel, Manager - Executive Services

Coordinator: Ms. B. Dacey

1. Committee Meetings

Since the August 1991 Annual Meeting of the Board of Governors, the Dental Specialties Committee has met once - February 7, 1992.

ITEMS REQUIRING BOARD ACTION

2. Guidelines for Referring Patients to Dental Specialists

The draft "Guidelines for Referring Patients to Dental Specialists" were circulated for comment to Presidents and Chief Executive Officers of Corporate Members, Licensing Authorities, Specialty Sections, Affiliated Dental Organizations, Deans of Dental Schools and the Chairmen of the Ethics Committee and the Committee on Community and Institutional Dentistry. The comments received were reviewed against the document and revisions were made as appropriate.

The CDA Standard Dental Referral Form was reviewed and revised to ensure consistency with the Guidelines. The Committee believes that consideration should be given to producing the form in NCR format and future adaptation to CDAnet.

RESOLVED:

- 92.48 **THAT the appended CDA Guidelines for Referring Patients to Dental Specialists be approved.**

ADOPTED

APPENDIX I

RESOLVED:

- 92.49 **THAT the appended revision of the CDA Standard Dental Referral Form be approved.**

ADOPTED

APPENDIX II

3. Guidelines for Acceptable Designations on Professional Communication

As reported to the Governors in 1991, the Committee has prepared draft Guidelines for Acceptable Designations on Professional Communication.

Presidents and Chief Executive Officers of Corporate Members, Licensing Authorities, Specialty Sections, Affiliated Dental Organizations, Deans of Dental Schools and the Chairmen of the Ethics Committee and the Committee on Community and Institutional Dentistry were asked for their comments on this subject and requested to forward any existing guidelines in this area. All input was reviewed and considered in the development of CDA Guidelines.

The Guidelines were developed to ensure that communication with the public regarding the qualifications of dentists must be accurate, clear and concise and avoid being subject to misinterpretation. In order to avoid misleading the public the use of degrees, fellowships and memberships should be restricted to those earned through examination of an accredited institution or a CDA recognized organization.

The Committee has been advised that the Council on Education could develop a mechanism to identify institutions and organizations whose examination processes are recognized by CDA.

RESOLVED:

92.50 THAT the appended CDA Guidelines for Acceptable Designations on Professional Communication with the public be approved, subject to the determination of a list of CDA recognized bodies; and,

FURTHER, THAT the Council on Education be requested to develop a list defining CDA recognized bodies.

APPENDIX III

The Board of Governors disagrees, as this area is appropriately regulated by the provincial licensing authorities.

4. "Dentist"

During discussion of acceptable designations in communication with the public and a review of provincial advertising regulations, a concern was identified with the utilization of the term "dental surgeon". Again, public perception of a distinction between this term and the term "dentist" was a concern.

RESOLVED:

92.51 THAT in the interest of clarity to the public, CDA encourage the use of the word "Dentist" as opposed to "Dental Surgeon".

The Board of Governors disagrees, as this area is appropriately regulated by the provincial licensing authorities.

5. CDA Publication - Dental Specialties

The Canadian Association of Orthodontists' (CAO) representative expressed concern that the recent CDA pamphlet on Orthodontics and Cosmetic Dentistry had not been forwarded to the CAO for comment prior to publication. This concern was raised

to inform other specialty sections that they should ensure that they have an opportunity for input into a review process involving publications relevant to their specialty.

The Committee was informed that a review panel had been established for each of the pamphlets recently produced by CDA. This panel allowed each pamphlet to be reviewed by individual dentists educated in the areas relevant to the text.

Committee members recognized CDA's effort but felt strongly that review by the specialty section would be the best mechanism to ensure that the final text is acceptable. The Committee agreed that CDA deadlines must be respected.

RESOLVED:

92.52 THAT CDA publications which refer to a specific specialty be reviewed by the appropriate specialty organization, prior to publication.

The Board of Governors refers this recommendation back to the Dental Specialties Committee for clarification regarding applicable publications.

6. Dental Specialties Representative to Commission on Dental Accreditation of Canada

The Nominations Committee of the Commission on Dental Accreditation of Canada requested that the second term of the Dental Specialties representative to the Commission be altered to end in 1994. Dr. Pass, the incumbent, who is no longer a member of the Dental Specialties Committee, would complete his first term in 1993; he would be eligible for re-appointment at that time.

There was general agreement that it would be more effective to both the Dental Specialties Committee and the Commission on Dental Accreditation of Canada to have an active member of the Specialties Committee as the representative to the Commission.

The Committee considered two options. One was to have the incumbent continue as the Dental Specialties' representative to the Commission on Dental Accreditation of Canada, and the second was to have a current member of the Committee, in his first term, named as a replacement.

RESOLVED:

92.53 THAT Dr. Ian Vogan, Dental Specialties Committee Chairman, be named as the Dental Specialties representative to the Commission on Dental Accreditation of Canada effective immediately.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. Specialty Dental Journal

Mr. Terry Davis, Managing Editor of the CDA Journal reported to the Committee on the feasibility of a CDA-produced Journal which would target the dental specialties.

The Journal was originally asked by Dr. Sam Kucey of Ottawa and Dr. John Hardie of Vancouver to explore a CDA published Specialty Dental Journal. This was done through consultation with a Toronto-based advertising firm and it was determined that a publication of this kind would not have the readership necessary to support the cost of production. In order to be financially viable the publication would require an excessively high subscription rate.

Given this report, and the consideration of the number of specialty publications already on the market, the committee agreed that it would not be wise for CDA to pursue a publication of this kind.

8. **Specialty Sections - Reports to CDA Board of Governors**

All specialty organizations of the CDA are required to report to the Board of Governors on an annual basis. The Committee reviewed a report outlining each sections status in this regard. The report indicated that only half of the specialty organizations are complying with this requirement. All Committee members took note of this item, and will continue to encourage their respective organizations to report annually.

APPENDIX IV

Respectfully submitted,

Ian Vogan, B.D.S., D.D.S., Dip. Perio
Chairman, Dental Specialties Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Dental Specialties Committee.

CANADIAN DENTAL ASSOCIATION
GUIDELINES FOR REFERRING PATIENTS
TO DENTAL SPECIALISTS

Patient Referral - A Professional Responsibility

"The CDA is the authoritative national voice, resource, and focus of unity for the profession of dentistry in Canada - dedicated to meeting member needs, and the promotion and provision of optimal oral health for Canadians."⁽¹⁾

The Code of Ethics, under "Responsibilities to Patients", Article 3 states: "Dentists shall provide treatment only when qualified by training or experience; otherwise a consultation and/or referral to an appropriate practitioner is warranted."⁽²⁾

In those cases warranting it, timely and appropriate referral is an ethical imperative which fulfils a professional duty to a patient. Failure to inform a patient of the need for consultations and/or referral places the dentist in breach of the Code of Ethics.

This document is provided as guidelines only, to assist dentists in the referral process. It suggests times and areas where communication may be enhanced. It should be utilized in compliance with the knowledge of any associated regulations of the provincial dental licensing authorities.

- (1) Canadian Dental Association - Mission Statement
- (2) Canadian Dental Association - Code of Ethics

PREAMBLE

Clear and effective communication between all parties is essential in the referral process. The following guidelines are intended to clarify the various elements and responsibilities needed to provide the referred patient with the required level of professional care.

Communication between the General Dentist and the Patient

1. The patient (parent or guardian if appropriate) should be informed of the nature of the problem necessitating referral.
2. Referral to a specific specialist is recommended. This decision should take into account any patient preference.
3. The patient should be informed that all relevant information will be sent to the specialist in advance of the consultation appointment.
4. The patient should be given information which will assist in introduction to the specialist, such as preconsultation instructions (where indicated), educational material and directions to the specialist's office.

Communication between the Referring Dentist and the Specialist

1. The referring dentist should convey, in advance, all information which will assist the specialist in providing a complete consultation service to the patient. This would include:
 - i) Name, age, address, and telephone number of the patient.
 - ii) Reason for referral
 - iii) Any medical history which may require antibiotic coverage in advance of the consultation or other precautions to allow oral examination.
 - iv) Pertinent records such as radiographs, models, and any contributing previous medical and/or dental history.
 - v) Projected treatment needs beyond the referral.
 - vi) Assessment of the patient's level of awareness, interest or concern regarding oral health and projected treatment.

Communication between the Specialist and the Patient

1. Prior to the consultation, the specialist's office should provide the patient with details of the appointment time, date and the location of the office. Information regarding the approximate duration of the consultation visit, consultation fee, and any pre-consultation instructions may be conveyed either routinely or in response to the patient's request.
2. After consultation, the specialist should provide the patient with information adequate to make an informed decision, including:
 - i) a diagnosis, recommended treatment, and a prognosis. When discussing treatment, the advantages and disadvantages including costs of both the recommended treatment and alternative approaches should be clarified.
 - ii) the ramifications of the proposed treatment. This should cover the need for future treatment, follow-up and maintenance.
 - iii) the expectation that the patient will return to the referring dentist for on-going dental care. If follow-up specialist care is anticipated, it should be coordinated with the general dentist in such a way as to avoid duplication of effort.

Communication between the Specialist and the Referring Dentist

- i) The specialist's office should confirm receipt of a referral made through correspondence and relay the timing of the scheduled consultation appointment to the referring dentist.
- ii) In the event that the patient fails to keep the consultation appointment, the referring dentist should be informed.
- iii) When a consultation is provided on the basis of a self-referral by the patient, the patient's general dentist should, with the patient's permission, be sent a report in order to keep the patient's records current.
- iv) After consultation, a report from the specialist indicating a diagnosis and proposed treatment should be sent to the referring dentist. Any anticipated general dental care, prior, during or after the specialist's treatment should be discussed.

- v) In those situations where the specialist determines the need for dental care outside his/her specialty, the specialist should confer with the referring dentist to determine whether the patient's need will be met by the general dentist or by another specialist and, if the latter, which specialist.
- vi) Progress reports should be communicated when treatment has been delayed or interrupted or significantly modified.
- vii) A final report should be sent at the end of active treatment when the patient is returned to the general dentist's care. This report should include suggestions for maintenance, follow-up or review and recommendations for further treatment. In addition any records supplied by the referring dentist should be returned at this time.
- viii) On occasion, at the completion of active treatment the patient may not wish to return to the referring dentist, and request referral to a new general dentist. In this situation, the specialist should inform the patient that professional ethics prevent further referral until the patient has discontinued the existing professional relationship with the original dentist.
- ix) A request for a second opinion should be treated as a regular consultation. A report should be submitted as in (iv) above to the person requesting the second opinion. A copy of the report should be made available to the "first" specialist, subject to permission of the patient.

Method of Information Transfer

In the majority of situations, it is preferable that communication between referring dentist and specialist, in both directions, be in writing, since it becomes part of the patient's record. For the same reason it is advisable to record communication with the patient regarding diagnosis, treatment plans, fees and payment schedules in written form for both the patient's records and those of the general dentist or specialist.

There are occasions, however, when telephone communication is indicated. Examples include:

- i) establishing the time and date of the specialist's consultation. It is more efficient to do this directly from the referring dentist's office with the patient present to co-ordinate his/her schedule with the specialist's. In addition, the referring dentist knows immediately when the patient will be seen.
- ii) when emergency care is required. Referral by telephone allows the patient to be seen more quickly.

In both these examples there is a need for the transmission of other information.

In an emergency situation the patient can be given a written report and/or radiographs, etc. to be hand-carried to the specialist.

In a non-emergency situation, the relevant referral information and records can be sent by mail, private courier or facsimile transmission.

In both cases the telephone aspect of the referral is beneficial but incomplete, and further information must be sent to the consulting specialist.

Co-ordination of On-Going Care

Referral creates a new patient/dentist relationship in addition to the pre-existing one between the patient and the general dentist. The nature and duration of this new relationship varies from specialty to specialty. At one end of the spectrum, many endodontic and oral surgical treatment activities are completed over a short time period, then the patient returns to the general dentist to proceed with on-going care. On the other hand, a young child referred to a pediatric dentist may continue as a patient until the late teens. Orthodontics and extensive fixed prosthodontic treatment can span a significant time frame, and periodontal therapy, in some selected instances, requires specialist maintenance on an on-going basis.

This being the case, the concept of shared professional responsibility for the patient's overall dental health in the short, medium, and long term, is an inherent and integral part of the referral process.

To emphasize, success will be dependent upon clear, effective, and open communication between dentist, specialist, and patient.

Draft
02/92

CURRENT



**STANDARD DENTAL
REFERRAL FORM**

APPROVED BY THE CANADIAN DENTAL ASSOCIATION

Dear Dr. _____

We are referring:

PATIENT: _____ BIRTH DATE: _____

ADDRESS: _____

TELEPHONE: BUS. _____ RES. _____

REASON FOR REFERRAL:

☐ **CONSULTATION** RE: _____

☐ **TREATMENT** (as requested)
(Please provide specialist with appropriate details of problem, i.e. urgency, areas of concern,
using F.D.I. tooth numbering system).

RELEVANT HISTORY:

(Indicate any special factors, either dental or medical, such as known allergies, specific medical problems
relevant to diagnosis and treatment).

- | | |
|--|---|
| ☐ PLEASE CALL THE PATIENT | ☐ PLEASE REPORT - WRITTEN |
| ☐ PATIENT WILL CALL | ☐ - PHONE |
| ☐ AN APPOINTMENT HAS BEEN MADE | ☐ POST REFERRAL MAINTENANCE - ☐ BY SPECIALIST |
| | ☐ IN THIS OFFICE |
| ☐ RADIOGRAPHS ENCLOSED | ☐ TO BE DISCUSSED |
| ☐ PLEASE RETURN RADIOGRAPHS AFTER USE | ☐ OTHER RECORDS AVAILABLE |
| ☐ NOTIFY ON COMPLETION | |

DATE _____

SIGNED _____



STANDARD DENTAL
REFERRAL FORM

APPROVED BY THE CANADIAN DENTAL ASSOCIATION

PROPOSED

FROM:

TO:

We are referring

Patient: _____

Birth Date: _____

Address: _____

(M\D\Y)

Telephone: _____

Parent/Guardian: _____

Telephone: _____

REASON FOR REFERRAL:

CONSULTATION RE: _____

TREATMENT (as requested)

Please provide specialist with appropriate details of problem, i.e. urgency, areas of concern, using F.D.I. tooth numbering system).

RELEVANT HISTORY:

Indicate any special factors, either dental or medical, such as known allergies, specific medical problems relevant to diagnosis and treatment).

PLEASE CALL THE PATIENT

☐ PLEASE REPORT - WRITTEN

PATIENT WILL CALL

☐ - PHONE

AN APPOINTMENT HAS BEEN MADE

☐ POST REFERRAL MAINTENANCE -

☐ BY SPECIALIST

☐ IN THIS OFFICE

RADIOGRAPHS ENCLOSED

☐ TO BE DISCUSSED

PLEASE RETURN RADIOGRAPHS AFTER USE

NOTIFY ON COMPLETION

☐ OTHER RECORDS AVAILABLE

RE: _____

SIGNED: _____

**CANADIAN DENTAL ASSOCIATION GUIDELINES ON
ACCEPTABLE DESIGNATIONS ON
PROFESSIONAL COMMUNICATION**

Communication with the public regarding the qualification of dentists must be accurate, clear and concise and avoid being subject to misinterpretation. As the public may not be well informed on the distinctions of specific designations, they should be utilized exercising high ethical standards and with full knowledge of applicable provincial regulations enacted and enforced by the provincial licensing authorities.

The CDA Code of Ethics states "Dentists shall not represent their education, qualifications or competence in any way that would be false or misleading". Further the CDA Advertising Statement indicates "advertising by individual dentists which directly or indirectly is designed for the aggrandizement of the individual dentist or a dental practice is inappropriate".

The criteria for utilization of designations in communication with the public must be the provision of relevant, valid information.

While licensing authorities have regulations governing advertising and promotion, this document was developed as a CDA guideline with regard to listing designations.

- A. The following are acceptable designations following a practitioner's name on communication directed to, or, which may come in contact with, the public:
- i. Earned degrees from accredited post-secondary institutions;
 - ii. Fellowships and memberships earned by examination and awarded by CDA recognized bodies.*

- iii. Diplomas relevant to the practice of dentistry and indicating advanced training or expertise, awarded by examination by CDA recognized bodies.*
- iv. Name of a CDA recognized specialty, of which an individual is a specialist.

B. The following are unacceptable designations following a practitioner's name on communication directed to or which may come in contact with the public:

- i. Degrees from non-accredited post-secondary institutions. Honourary degrees conferred by accredited post-secondary institutions should be indicated as such;
- ii. Fellowships and memberships acquired by nomination, election or based on attendance at meetings or courses;
- iii. Fellowships or memberships awarded by bodies, not recognized by the CDA or that do not indicate advanced training or expertise;
- iv. Any designation that implies or suggests a specialty or expertise that the individual does not possess, based on an examination or training or education in accredited programs.

Any abbreviations used should be those generally accepted and in common usage. Otherwise, the qualifications, if acceptable, should be written out in full to avoid misinterpretation.

* To be referred to the Council on Education for development

SPECIALTY SECTIONS

Record of Specialty Section reports to CDA Board of Governors

<u>Specialty Section</u>	<u>Last date reported as of February 1991</u>	<u>Last date reported as of February 1992</u>
Canadian Academy of Endodontics	March 1990	March 1990
Canadian Association of Oral and Maxillofacial Surgeons	August 1989	August 1989
Canadian Academy of Oral Pathology	August 1989	August 1991
Canadian Academy of Oral Radiology	March 1990	March 1990
Canadian Association of Orthodontists	April 1987	April 1992
Canadian Academy of Pediatric Dentistry	August 1989	April 1991
Canadian Academy of Periodontology	March 1990	August 1991
Association of Prosthodontists of Canada	April 1986	April 1986
Canadian Society of Public Health Dentists	March 1990	March 1990

GOVERNMENT RELATIONS COMMITTEE

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Raymond Wenn, Chairman, Charlottetown
Dr. Elizabeth MacSween, Ottawa

Executive Liaison: Mr. Jardine Neilson, Executive Director

Senior Staff: Ms. Sandra Deziel, Manager, Executive Services

1. Committee Meetings and Activities

The Committee has not met since its last report to the 1991 Annual Board of Governors meeting.

On January 27-28, 1992, committee member, Dr. Elizabeth MacSween attended a Medical Services Branch meeting with Ms. Joanne Clovis, Director of Hygiene, University of Dalhousie, and Dr. Peter Cooney, Federal Dental Director, Manitoba Promotion Branch, Health and Welfare.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Canadian Coalition on Organ Donor Awareness (CCODA)

The CDA has continued its involvement with the Canadian Coalition on Organ Donor Awareness (CCODA) this year and through this involvement assisted in the production of a Public Service Announcement to promote Organ Donor Awareness Week April 20-24. The PSA was distributed across Canada to local television stations by provincial CCODA offices.

CCODA hopes to use the PSA to promote Organ Donor Awareness week for the next 3-5 years.

The Canadian Pharmaceutical Manufacturers Association, a CCODA member, held its Semi-Annual meeting in Orlando, Florida in March of this year. CDA member Dr. Denis Wells of Ottawa, was invited to Florida to participate in an Organ Transplantation Workshop. As the recipient of a heart through transplantation, Dr. Wells was able to offer great insight on the subject based on his personal experience.

3. **Royal Commission on Aboriginal Peoples**

The Royal Commission on Aboriginal Peoples contacted the CDA to suggest the establishment of communication lines between the two organization. The CDA has responded that it will attempt to assist in achieving the Commission's mandate as it relates to the oral health care of native peoples.

4. **Assembly of First Nations**

The Assembly of First Nations (AFN) contacted the CDA to request support of its bid to have responsibility for the Prince Albert Dental Therapy Health Program transferred from the University of Toronto to the Assembly of First Nations.

The AFN has been informed that the CDA will cooperate in this venture and will work with it as appropriate in the continued development of its Dental Therapy Program, subject to certain program parameters being respected.

5. **CIDA Project - "Canada-Egypt Children's Dentistry Project"**

The CDA in cooperation with Dr. Peter Pronych of Dalhousie University, has prepared a submission to the Canadian International Development Agency (CIDA) titled "Canada-Egypt Children's Dentistry Project". The project, designed specifically for Egyptian society, will attempt to raise the oral health level of Egyptian school children, by increasing the awareness of oral health of the community, teachers, parents and children through oral health education, oral health promotion, disease prevention and the provision of essential oral health care.

CDA's proposal to CIDA is in keeping with the objectives of CIDA's Professional Association Program and will establish a link between the Canadian Dental Association and the Egyptian Orthodontic Society.

CDA staff and Dr. Pronych, Project Director, met with CIDA officials in November '91 and March '92 to discuss the development of the proposal. CIDA representatives spoke positively of the concept of developing such a project, and indicated that a submission in the budgetary range of \$80,000 over two years would be in keeping with the realities of CIDA funding limitations.

It is anticipated that the formal project submission to CIDA will shortly go forward.

6. **Canadian Council on Smoking and Health**

This March the CDA, as a member of the Canadian Council on Smoking and Health, was given the opportunity to participate in a national campaign designed to focus public attention on proposed cigarette health warning laws, introduced by the Minister of Health and Welfare two years ago, which are still delayed at the Regulatory Affairs Committee stage.

In support of this campaign, the CDA's name was included on a full page newspaper article addressed to the Prime Minister of Canada titled, "Your leadership would become Canada's gift to world public health". The article was published in the Ottawa Citizen and Le Droit newspapers March 7, urging the Prime Minister to enact a law that public health warnings appear on cigarette packages.

7. **R.R.S.P. Contributions**

The Federal Government has implemented a delayed schedule for maximum contributions to Registered Retirement Savings Plans to 1995.

The CDA has written to the Finance Minister to express its concern with this action.

APPENDIX I

8. **Health and Welfare Representative to Board of Governors**

Dr. William Bedford, as the Canadian Government's senior dental officer had been the Health and Welfare Canada representative to the CDA Board of Governors for nine years, when he retired in 1991. The CDA has written to Health and Welfare offering to participate in the selection process of Dr. Bedford's replacement. No individual has been named to date.

APPENDIX II

9. **Government Relations Dinner**

The 1992 Government Relations Dinner was held in Ottawa on April 24 at the Westin Hotel, and was a great success. The guest speaker for the evening was Mr. Hugh Segal, Chief of Staff to the Prime Minister. Mr. Segal's speech was both entertaining and educational.

Dinner attendees were enlightened on the day-to-day functions of the Prime Minister's office, and some not so day-to-day. The speech was followed by a short but pithy and active question period.

The CDA President and Executive Council thank Mr. Segal for taking the time from his busy schedule to speak at the dinner.

Respectfully submitted,

Raymond Wenn, D.D.S.
Chairman,
Government Relations Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Government Relations Committee as information.



APPENDIX I

April 14, 1992

The Honourable Don Mazankowski
Minister of Finance
House of Commons
Room 203-S
Ottawa, Ontario
K1A 0A6

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

Dear Mr. Mazankowski:

OFFICE
OF THE
PRESIDENT
CABINET
DU
PRÉSIDENT

The Canadian Dental Association (CDA) is supportive of the Federal Government's commitment to ensuring a strong economic future for Canada. The Government's goals of reducing fiscal deficits and debts and its vigilance in working to keep inflation low and stable are ones that all reasonable Canadians would endorse. The CDA wishes you well as you put in place a policy framework to achieve this purpose.

As President of the Canadian Dental Association, I would be remiss, however, if I did not write to you on an issue that has caused us some concern. The issue relates to the Government's decision to delay the increase of pension and RRSP limits. This decision affects all Canadians; the CDA's representations to you are more specifically on behalf of the fourteen thousand (14,000) members of the dental profession, who are for the most part self-employed. The CDA has had a long-standing interest in working to ensure the provision of retirement income for the self-employed.

In 1983, the CDA chaired a Joint Professional Committee, through which it combined representations with the Canadian Medical Association, the Canadian Bar Association and the Canadian Institute of Chartered Accountants in presenting a brief to the Parliamentary Task Force on Pension Reform. The recommendations of that brief were based on two principles to which we remain committed. First, that the current system of tax-assisted retirement savings be amended in order to permit self-employed Canadians a meaningful retirement income and, second, that equity exist between the retirement savings programs of the employed and the self-employed. The Parliamentary Task Force on Pension Reform reported positively on these recommendations, and the Joint Professional Committee was pleased with the Federal Government's planned program to reach these objectives.

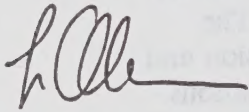
.../2

In 1987, the Joint Professional Committee had occasion to make representations to the Standing Committee on Finance and Economic Affairs, when the Government first proposed to delay the phase-in of higher limits for contributions to Registered Retirement Savings Plans, and further proposed a slower rate of increase in the contribution limits.

Since the Government initiated its program of pension reform, self-employed individuals have been in a "catch up" position with regard to tax assisted savings for retirement. We are disappointed that the Government has acted once again to erode these opportunities. A responsible policy towards a sound economic future for Canadians, surely includes actions of Government to encourage the growing segment of the population reaching retirement age to provide for itself during retirement years, without increased reliance on the Canada Pension Plan.

Mr. Mazankowski, members of the Canadian dental profession, would be encouraged by confirmation of the Government's commitment to its agenda of pension reform.

Sincerely yours,



Les Allen, B.Comm., D.M.D.
President



APPENDIX II

July 18, 1991

The Honourable Benoit Bouchard
Minister of Health and Welfare Canada
Room 314, West Block
House of Commons
Ottawa, Ontario
K1A 0A6

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

Dear Mr. Bouchard:

OFFICE
OF THE
PRESIDENT

It was not without some regret that the Canadian Dental Association learned that Dr. William Bedford, Senior Consultant, Dentistry at Medical Services of Health and Welfare Canada would retire on September 27, 1991.

CABINET
DU
PRÉSIDENT

The CDA values immensely the services of a Senior Dental Consultant within your Ministry, and the relationship with Dr. Bedford in particular has been a long and rewarding one. Notably, Dr. Bedford has been a member of the CDA's Board of Governors for over 10 years, and in this and other capacities has assisted us in many endeavours, and facilitated communications with Health and Welfare Canada. The CDA/Health and Welfare relationship was not always as open and mutually productive as it is today; it should be maintained. For this reason, the CDA is seeking assurance of a continuing presence of a member of the dental profession within the senior ranks of Health and Welfare Canada.

At this time, I would like to offer the services of our Association as participants in the selection process to determine Dr. Bedford's replacement. We were most pleased to have been involved in the process that led to Dr. Bedford's selection, and believe that such involvement is mutually beneficial. I look forward to receiving your response to this proposal.

Sincerely yours,

Gilles Dubé, D.M.D., M.Sc., Adm.Santé
President

c.c.: Management Committee

MANAGEMENT COMMITTEE

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Les Allen, Winnipeg - Chairman
Dr. Bernard Dolansky, Ottawa
Dr. Raymond Wenn, Charlottetown
Mr. Jardine Neilson, Executive Director

Senior Staff: Mrs. Sandra Deziel, Manager - Executive Services

Coordinator: Mrs. Suzanne Burton

1. Meetings

Since the 1992 Interim Meeting of the CDA Board of Governors, the Management Committee has met twice - April 2 and June 4, 1992. In addition, the Management Committees of CDA and CDSPI met on May 7, 1992.

ITEMS REQUIRING BOARD ACTION

2. Audited Financial Statements - Canadian Dental Association

The audited financial statements for the CDA were reviewed by Management Committee. Statements are appended and explanatory notes are included for information. The audited statements include, for comparison purposes, the revised 1991 budget figures which were presented to Governors at the 1992 Interim Board Meeting. The appended documentation highlights and reviews changes in approved programming as they relate to the preliminary 1991 budget approved by Governors in 1990.

APPENDIX I

RESOLVED:

92.54 THAT the audited Financial Statements for the Canadian Dental Association for the year ending December 31, 1991, be approved.

ADOPTED

3. **Audited Financial Statements - Canadian Dental Research Foundation**

Management Committee reviewed the audited financial statements for the Canadian Dental Research Foundation.

APPENDIX I

RESOLVED:

92.55 **THAT the audited Financial Statements for the Canadian Dental Research Foundation for the year ending December 31, 1991, be approved.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. **1992 Financial Statements to April 30, 1992**

CDA's financial statements for the period ending April 30, 1992 were reviewed by Management Committee. The expense budget for 1992 has been increased by \$100,000 to reflect the projected expense relative to the legal proceedings to address the issue of the Executive Council's management of CDIP surpluses. Budgetary provision had been made for this expense outside of the general operations budget. CDA auditors have advised that this item must be reported in CDA expense statements, and corresponding budgetary provision is therefore appropriate. No other significant variances have been identified in expense areas.

At the present time, Management is projecting a short-fall in budgeted revenue from membership fees. The financial statements will be reviewed in August, and adjustments made as necessary to achieve a balanced budget.

5. **1993 Budget Review**

The 1993 provisional budget presented to Governors at the 1992 Interim Meeting projected a slight surplus of revenue over expense. Governors were apprised of several realities that have a significant effect on the 1993 budget. These included principal and interest payments on financing arrangements; depreciation expense

relative to the renovation of the CDA Building; a realistically conservative projection of fee revenues, and an inflation factor. At that time, Management Committee presented its concern with the significant paring of expenses which must take place if the Association is to continue to offer the full range of services and programs that are being offered in 1992. As a result, a decision was made to re-examine the Association's programs and services, with a view to ensuring the provision of sufficient resources to successfully deliver those essential and of high priority. At its April Meeting, Management Committee reviewed a preliminary assessment summary of programs and services prepared by senior staff.

Management then requested that senior staff conduct a functional analysis of all program/budget areas with a view to cost effectiveness, for the purpose of providing an update for discussion at the June Executive Council Meeting.

In June, Management reviewed an update on the 1993 budget planning process. Further information necessary for decision-making will be incorporated into a Discussion Paper on the 1993 budget, which will be the subject of a thorough review at the Executive Council's Fall Planning Session. Any adjustments necessary to the 1993 provisional budget will be reported to Governors at the 1993 Interim Meeting.

6. **CDAnet**

A draft balance sheet, as at April 30, 1992 for CDAnet was reviewed by Management Committee. The statement shows assets of \$4,597 against liabilities of \$1,204,563. The total liabilities include amounts owed to CDA and the participating provinces.

At the 1992 Interim Meeting, Governors approved an amount up to \$65,000, to provide initial funding of the cost related to the development of value-added. At that time, it was agreed that the distribution of the value-added revenue stream would be negotiated between the provincial sponsors of CDAnet and the CDA. Activities in this regard are ongoing.

7. **Promotional Events and Activities - Membership**

Management Committee reviewed the cost-effectiveness of CDA's presence at component society meetings in Ontario and Québec.

The ODA/CDA speakers' tour to component societies in Ontario has provided excellent profile. Although cost-effectiveness is extremely difficult to assess in the early stages of this new focus, all indications are that the effort is worthwhile, and it will therefore continue. Four or five of the major societies in Québec will be visited in the coming year.

The cost-effectiveness of the program of graduation dinners was examined. The format for CDA membership promotion in the schools will be reviewed to include substantial class time for all student years. Dinners or other social events will be designed for fourth year students in the voluntary provinces.

8. **CDA Telemarketing**

During April, CDA Management Committee, Drs. David Somer and James Brookfield participated in a telemarketing effort operating from CDA Headquarters. Approximately 200 phone calls were made to non-members who had been members of the Association within the past 2 years. Of the individuals contacted, in excess of 100 indicated that they would consider renewing their membership in the CDA; to date, over 30 renewals have been received. This exercise was followed by a further initiative in early June in which CDA staff contacted the offices of approximately 500 Ontario non-members.

Results to date indicate that this exercise was fruitful in terms of membership recruitment and obtaining feedback from the members. Management believes that this should be an annual effort; the optimal timing would be in February or March.

9. **1993 Per Diems/Honoraria Rates**

On recommendation of the Management Committee, the Executive Council has approved the appended increase to the 1993 per diem and honoraria rates which reflects a 1.75% increase over 1992 rates. This decision was taken with knowledge of current and projected inflation rates.

APPENDIX II

10. **Annual Grant to CFDE**

The Executive Council has approved a recommendation of the Management Committee that the CDA annual grant to CFDE be maintained at \$20,000 for 1993.

11. **Québec Affiliate Representation - CDA Board of Governors**

Management Committee reviewed current membership statistics prepared by staff. Numbers will be verified on July 31 to determine the count for Board seats at the 1992 Annual and 1993 Interim Meetings.

Verification of membership category in Québec in terms of affiliate and active members is extremely difficult. The record from prior years will be examined in order to enhance the accuracy of CDA statistics. The problem of validation of membership categories in Quebec will be resolved when the QDSA provides CDA with its list of members. The QDSA has confirmed its intent to do so.

12. **Hygiene Supervision Statement**

At the 1992 Interim Meeting, Governors directed Management Committee to review the Hygiene Supervision Statement. This item was discussed with the Executive Council and further information is found in the Executive Council report.

13. **Grieve Memorial Lecture - Proposed Agreement**

The Canadian Association of Orthodontists (CAO) and the Canadian Dental Association are reviewing the current administrative arrangement between the two organizations with regard to the Grieve Memorial Lecture, with the intent to formalize an agreement in this area. Drs. Oleg Kopytov (CAO) and Bernard Dolansky (CDA) met on this issue in April, following which a proposal for an agreement was outlined. The proposal will be given further consideration by the CAO at its Annual Meeting in August and will be presented to CDA Governors at a future meeting.

14. **Funding Requests**

(a) **Ontario Dental Nurses' and Assistants' Association**

Management reviewed a request received from the Ontario Dental Nurses' and Assistants' Association for a donation to the Esther Reith Friendship Room. No budgetary provision for funding of this nature exists and a donation was not approved.

(b) **Nicaragua Project**

A request from Dr. Jean-François Aubin, University of Laval, for supplementary financial assistance to augment funds approved by CIDA for a student dental project was reviewed. The lack of budgetary provision, together with the knowledge that CDA's contribution to its own third world projects sponsored with CIDA are of an "in kind" nature, and not monetary, precluded a positive response.

(c) National Dental Epidemiology Project - Coordinating Committee

Management approved CDA's support of a request to CFDE for a grant of up to \$7,000 to fund a meeting of the Coordinating Committee of the National Dental Epidemiology Project. CDA's request, which identified the ear-marking of a portion of the CDA's annual contribution to CFDE, received favourable consideration by the Board of Trustees.

15. CDA Policy - Air Travel

In discussion with Executive Council, Management Committee has reviewed the existing CDA policy relative to the class of air travel allowable for those travelling on CDA business. The current policy, requiring those attending CDA-funded meetings at which a Saturday night stay-over is involved, to book the lowest excursion fares available, was re-confirmed.

16. CDA Membership Benefits - CDAnet Value-Added Package

Management Committee reviewed correspondence from the Membership Committee relative to CDA membership services and value-added benefits. The concern identified relates to access to membership benefits such as the Communique and the GST Manual by CDA non-members who may subscribe to the value-added package.

It was agreed that an effective liaison must exist among the Communications Steering Committee, the Membership Services Committee, and the CDAnet Committee in order to ensure that efforts are not duplicated, and that the decisions relative to additional services take into consideration membership concerns.

This will be accomplished through the regular appointment process.

17. Administration of CDF and CFDE

Management Committee has considered ways of increasing fundraising capabilities for organized dentistry. As an initiative towards this objective, President Les Allen wrote to the Presidents of CDF and CFDE outlining Management's thoughts in this area.

At this time, the separate administration of CFDE and CDF is neither cost effective, nor does it demonstrate to the general dental public a concerted effort on our part to coordinate charitable activities. Under integrated management, CFDE and CDF could retain their unique objectives while giving potential donors a range of charitable causes to support.

Management envisions an "umbrella" organizational structure of charities which could be known as the Canadian Dental Foundation. Under such a structure, the CFDE, the Grieve Memorial Lecture, The Canadian Dental Research Foundation and The Library Trust Fund would be housed. Each would continue to meet its own specific objectives, while CDF would act as both "feeder" of these specific objectives and manager of charitable giving.

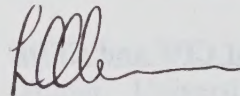
Combining resources for a fundraising effort will enable organized dentistry to accomplish more than is possible operating through separate organizations and administrative entities. By integrating CDA's fundraising efforts, potential for supporting existing charities would be maximized, and the funding of new significant causes could be considered.

Management Committee requested that CDF and CFDE meet to address this proposal. Dr. Bradley Holmes, President of CDF will provide further information to the Board during the presentation of the CDF report.

18. Cheque Registers - Chairman's Audit

The Executive Director of the Association reviews monthly cheque registers, detailing disbursements of the CDA. The President-Elect of Management Committee conducts audits of CDA disbursements on a random basis from time to time. The most recent audit included the area of accreditation. Cheque registers for the period ending April 30, 1992 have been reviewed and no anomalies have been identified.

Respectfully submitted,



Les Allen, B.Comm., D.M.D.
Chairman, Management Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Management Committee.

APPENDIX I

SUPPLEMENTARY NOTES TO THE 1991 AUDITED FINANCIAL STATEMENTS

These notes were prepared by staff and explain financial activity that may not be evident from the figures alone.

BALANCE SHEET (page 2 of the Audited Financial Statements)

ASSETS

Current Assets

Cash

The cash position reflects the use of the line of credit as a borrowing mechanism. Management subsequently, in 1992, directed staff to convert the line of credit to a conventional mortgage.

Accounts Receivable

Receivables, generated from three principal areas: journal advertising, library services and general accounts, were lower than the previous year, with the bulk of the receivables being less than 30 days old.

Inventory

Inventory figures, made up of Dental Awareness Program merchandise were down somewhat from the previous year but close to traditional levels. Stock is higher at the end of the year in anticipation of Dental Health Month campaign sales.

Pre-Paid Expenses

Pre-paid expenses were substantially higher than the previous year. The amount consists primarily of two large sums: pre-paid postage and funds set aside for the defined benefit pension plan for the Executive Director. Other amounts include contracts paid in 1991 which provide coverage or use in 1992, for example insurance premiums and equipment leases.

Fixed Assets

The increase in the book value of fixed assets is a result of the renovation of the CDA Headquarters, specifically the office systems furniture that was purchased in early 1991. A detailed breakdown of the fixed assets is included as part of the "formal" notes to financial statements. (see page 7 of the Audited Financial Statements)

TRUST ASSETS

Trust assets are the combined assets of the two CDA Trust Funds, the Library Trust Fund and the Grieve Memorial Lectureship Fund.

Cash

The decline in cash held is primarily due to the status of the Library account. Funding is now based almost totally on donations from CDF which are granted on an as-needed basis.

Pre-Paid Expenses

This amount, relatively unchanged from the previous year, represents pre-paid subscriptions ordered by the library.

LIABILITIES

Current Liabilities

Bank Overdraft

As noted above, CDA utilized a line of credit for its borrowing needs in 1991. The "Bank Overdraft" shows the amount of money borrowed as at December 31, 1991. CDA reached its maximum credit requirements in October of 1991 when the line of credit amounted to \$980,000. The amount "borrowed" declined over the remaining months of 1991 to the level noted in the statements at December 31, 1991, \$520,430. CDA's current fixed commercial mortgage is in the amount of \$1,500,000.

Accounts Payable

Accounts payable at year end were down substantially from the year before. These amounts represent invoices received in December and due in 1992.

Deferred Revenue

The deferred revenue largely represents 1992 membership fee income received in 1991. The amount is higher in 1991, compared to 1990, due to the earlier start of the 1992 membership campaign. The deferred income figure also includes DAT income received in 1991 for the 1992 spring test.

EQUITY

Surplus

The Surplus, which may be referred to as Members' Equity or the Accumulated Surplus, is detailed in the Statement of Equity. (see page 3 of the Audited Financial Statements) More information on the CDA Reserve Funds is also detailed in the Statement of Equity.

TRUST EQUITY

The trust equity, equivalent in total to the trust assets, shows the members equity in these two accounts. Revenue and expenditure information for the two trust funds is detailed in the statements. (see pages 5-6 of the Audited Financial Statements)

STATEMENT OF EQUITY (page 3 of the Audited Financial Statements)

This statement provides a further breakdown of information contained on the balance sheet. The building fund, the convention fund and the CDAnet fund are internally segregated accounts set up by the Association.

Surplus

The general surplus of the organization decreased by \$372,665, the amount of the deficit in 1991.

Building Contingency Reserve Fund

Monies in this fund were transferred to the general CDA account in 1990 and put toward the cost of the renovations.

Convention Reserve Fund

In 1988, CDA set up a convention reserve fund to help fund future conventions. In 1991, an operating deficit in this area reduced the amount in reserve.

CDAnet Fund

With contractual agreements between CDA and participating provinces in place, CDA set up a fund in 1990 to track revenue and expenditures related to the CDAnet electronic data interchange project. Costs over the four years to December 31, 1991, have amounted to \$736,444 and, without any significant offsetting revenue, the fund currently sits in a deficit position. It is CDA's intention to recover its total investment in this program.

STATEMENT OF REVENUE AND EXPENSES (page 4 of the Audited Financial Statements)

This statement summarizes the financial activity of the Association during the year. More detail is provided further on in the financial statements and supplementary notes.

As reported to the Board of Governors at the 1991 Interim Meeting, the 1991 budget went through considerable change. During a course of 18 months, the CDA financial plan had to absorb the impact of GST, a decrease in merchandise sales, a loss of interest income, a decrease in the CDF grant, increased membership marketing expenditures, increased publications costs, increased depreciation expense, increased staff costs and legal fees related to the QDSA lawsuit. In short, it was a tumultuous year.

The bottom line shows a loss of \$372,665, \$50,000 more than budgeted. The variance from budget in each program area is explained below. However, it should be noted that it was a decision to recognize the expense of an additional pay period in 1991 that was

a principal factor in pushing the deficit beyond budget.

This extra expense recorded the unusual occurrence of 27 pay periods in a given year. CDA had budgeted for only 26 pay periods, as is normal in a bi-weekly pay system. This extra pay period amounted to an additional expense of over \$62,000 in 1991. It should be understood that this represents the recognition of the expense in the statements and not a bonus pay period for staff.

Readers are advised that the revised 1991 budget figures, presented to the Board of Governors at the 1992 Interim meeting, have been used in the 1991 audited financial statements. It is believed this will present the reader with a better ability to compare actual financial results to the program objectives the organization was working toward.

As noted, the 1991 budget did go through a number of changes and to ensure readers have a clear understanding of the budget figures, the material presented at the previous meeting has been attached to this report. (Appendix 1 pages 51 to 57)

It should be noted that the budget presented to the Board at the Interim meeting showed as a separate item an amount of \$37,500 for legal costs related to the QDSA lawsuit. At the request of the auditors, these expenses were included in the financial statements and not separated out. Accordingly, the expense budget for the Insurance and Investments project area was increased by the estimated amount. This change adjusted the bottom line from (\$287,947) to (\$325,447).

STATEMENT OF REVENUE AND EXPENSES AND EQUITY LIBRARY TRUST FUND (page 5 of the Audited Financial Statements)

The Library Trust Fund, under its terms, provides funding principally for the purchase of texts and periodicals for the CDA Library. With the grants awarded by the Canadian Dental Foundation toward the operating costs of the Library, a majority of costs are covered in this manner. The Library Trust Fund has, however, been maintained and money from the CDF grant was transferred into this fund. For this reason, the loss of \$3,310 shown for 1991 is not as significant as it might be.

STATEMENT OF REVENUE AND EXPENSES AND EQUITY GRIEVE MEMORIAL LECTURESHIP FUND (page 6 of the Audited Financial Statements)

The Grieve Memorial Lectureship Fund is used to sponsor a lecture, offered at the time of the CDA Convention on the topic of orthodontics. The donation in 1990 was from the Canadian Association of Orthodontists. This organization is working with CDA to review the fund to ensure it continues to achieve its mandate. Expenses in 1991 were related to an honoraria payment and for an appropriate plaque.

NOTES TO THE FINANCIAL STATEMENTS (pages 7 & 8 of the Audited Financial Statements)

The formal "Notes to the Financial Statements" are provided by the auditors to explain the methodology used in preparing the financial statements and to outline any significant accounting policies.

With regard to note 5, it should be noted that Management believes that because CDA is a non-profit organization providing membership services that are for the most part consistent and, further, that the majority of CDA revenue comes from annual membership fees which are used within the year to provide these services, the statement of changes in financial position is not a useful management tool.

SCHEDULE OF REVENUE (page 9 of the Audited Financial Statements)

General Note

The schedule of revenue, and the subsequent schedule of expense, provide details not shown in the statement of revenue and expenses on page 4 of the Audited Financial Statements. The totals, however, are the same.

FEES

Active Fees

Revenue derived from Active fees was up from 1990 primarily as a result of the increase in the membership fee which rose from to \$330 to \$365. There was modest growth in the number of members. (For further information on the breakdown of membership fee income, see the schedule on page 12 of the Audited Financial Statements)

Affiliate Fees

Affiliate fee income was consistent with the previous year, despite the fee increase, representing a slight drop in the number of affiliate members.

Supporting Fees

Supporting fees were on par with budget.

Student Fees

Student fee income was up from 1990 actual figures and up considerably over budget. The increase is principally a matter of timing as there was no significant change in the number of student members. The problem of timing is associated with the academic year and the voluntary nature of student fees. The fees for the academic year are sometimes

not remitted until the new calendar year and because they are not mandatory they cannot be set up as a receivable. Hence, in any given calendar year, you can have an unusually high or low number. The student membership fee did, however, increase from \$17 to \$22, and is now set at a rate of 6% of the active fee.

Retired Fees

There was modest growth in this category.

Corporate Fees

Corporate fees were down slightly from the year before, primarily as a result of decreased income from Ontario.

Licensing Body Grants

There was modest growth in the number of licensed dentists and hence in the Licensing Body Grants. The variance from budget was related to the full payment from the ODQ, that was not budgeted for at the time due to the pending resolution of ODQ concerns.

F.D.I.

Up slightly from the year before, FDI income represents the difference between fees collected from dentists in Canada and the amount remitted to FDI. The difference is used to offset expenses incurred in FDI membership promotion, administration and foreign exchange.

OTHER

Accreditation Surveys

This item includes income from college surveys, income from the ACFD towards university surveys, hospital surveys and a contribution by the National Dental Examining Board. There were no hospital surveys in 1991 and hence income was nil. College survey income, however, was up significantly from 1990, based on the number of surveys. As well, the budget included an increased grant from the NDEB, but this was not realized in 1991.

Consumer Product Recognition

This item represents income from the seal of recognition program. Revenue in 1991 was consistent with the previous year, exceeding the reduced expectations.

Dental Aptitude Test

This item represents fees charged for the DAT exam as well as income from the sale of additional test supplies. Increased revenue reflects the fact that fees were increased in the fall of 1990 to help offset program related expenses. The number of applicants writing the test was up marginally from the previous year.

Merchandise

This revenue is generated from a number of sources including pamphlet sales, DHM material sales and other merchandise offered for sale by CDA. Sales fell short of even the reduced budget because of delays in producing the new patient information system publications. This program replaced the existing brochures that were sold at liquidation prices during 1991.

Library

Library income includes a grant from the Canadian Dental Foundation towards the operating expenses of the Library. In 1991, the grant amounted to \$129,325, down considerably from a total of \$171,748 the previous year. The drop was due primarily to the condition of the financial markets and lower interest rates. The balance of the income was generated from the sale of library services, which at \$14,000 were up considerably from last year.

Conferences and Seminars

This item includes grants totalling over \$23,000 received from the CFDE toward the Teaching and Student Conferences, an administrative fee charged against the convention account and small surpluses generated by conferences administered by CDA, including taxation seminars. Income from taxation seminars was down in 1991 and this caused the decline in total income over the previous year. The increase from budget reflects the collection of the full administration fee, which at the time the budget was revised was thought might not be available.

Journal Revenue

Journal revenue from the sale of commercial advertising exceeded 1990 levels as performance in this area continues on an upward trend. The poor economy did, however, have a negative impact on sales. It might be noted too that the Journal continues to publish advertisements for CDA activities such as the convention for which charges are not imposed; had these pages been sold, or at least an adjusting entry been made, the revenue figure would have increased by some \$50,000. This item also includes income from classified advertising and the sale of reprints; these were on par with the previous year.

Property

Property revenue from the rental of space in the CDA building was well below previous year actuals as a result of the inability to rent the vacant space in the CDA building due to the depressed real estate market in Ottawa. This was reflected in the revised budget.

Interest

Interest income in 1991 was well below previous levels because CDA used its reserve funds for the building and CDAnet, among other capital investments.

Other Income

Other income consists of royalties received from the Affinity Card program, foreign exchange, sales tax refunds, administrative fees, and other miscellaneous sources. Affinity Card revenue represents approximately one half of this amount.

SCHEDULE OF EXPENSES (pages 10 & 11 of the Audited Financial Statements)

General Note

Kindly note that in those areas where there was little change in financial activity, no explanatory notes are provided. Also, readers should be aware that where possible expenses are recorded by project area. However, general overhead expenses including staff costs are recorded as an "administration expense" and are not prorated by project area.

EXECUTIVE SERVICES

Board of Governors

Board of Governors expense is below budget but higher than the previous year because in 1990 both the Interim and Annual meetings were held in Ottawa. Still, travel and accommodation expenses were below budget.

Executive Council

Executive Council expenses were higher than the previous year due primarily to meetings held related to the CDIP re-tendering process.

Management Committee

This item includes the cost of regular and impromptu meetings, honoraria payments and a \$20,000 grant to the CFDE. Management met more frequently in 1990 primarily due to CDAnet negotiations and hence 1991 costs are lower. Also, the 1990 figure included

the costs of CDA's "Hard Hat" reception.

President's Expenses

The President's expenses related to official functions were close to previous year figures. The budget was scaled back mid-year but priorities necessitated the additional expense. The cost of the President's Installation Dinner was also charged to this account and expenses for this event were higher than normal as CDA could not obtain sponsorship of the cocktail reception.

Constitution and By-Laws

No comment.

FDI

This item includes the corporate fee paid to FDI (\$21,192), costs related to the attendance of CDA delegates to the FDI congress and expenses related to promoting FDI individual membership in Canada. The 1991 Congress was held in Italy and accommodation expenses were higher than normal.

Intercorporate Relations

This item represents the Executive Director's travel related to corporate member activities, and also includes costs related to CDA's participation in the secretaries conference. Travel costs were higher than anticipated.

Nominations

Nominations expense, related to committee meetings and Honourary Membership and Distinguished Service Award recipients, was higher than expected. The bulk of the additional expense was related to travel costs in bringing recipients to Québec City.

PROFESSIONAL SERVICES

Accreditation

This item includes Commission and related committee expenses, as well as the cost of conducting surveys. Expenses in total were on budget and below the previous year. Commission travel was down \$11,000 from the year before and whereas college survey costs were higher in 1991, university survey costs were lower.

Consumer Product Recognition

No comment.

Dental Aptitude Test Program

Expenses include the cost of running the DAT program as well as related committee expenses. Expenses were both below budget the previous year total, as measures taken to increase the efficiency of the program began to pay off.

Dental Materials and Devices

No comment.

Dental Specialties

No comment.

Education

This line item includes the Council on Education as well as the Teaching Conference.

Expenses were below budget as a result of savings in the cost of travel and accommodation.

Ethics

Expenses were lower than the previous year as work related to the revisions to the Code of Ethics was completed.

Community & Institutional Dentistry

Expenses were higher than last year primarily due to work done in the area of hazardous waste disposal.

PRUC

No comment.

MEMBER SERVICES

Government Relations

Expenses in this area, which include the Medical Services Branch Committee, are related to lobbying and other liaison activities. The bulk of the expense is related to the reception held at CDA Headquarters to celebrate the reopening of the renovated building. The Hon. Perrin Beatty was invited to officially reopen the building.

Information Services

Information Services is made up of several component expenses including the Dental Awareness and Dental Health Month Programs. This area also includes the inventory expense of merchandise sold in both of these programs, the net amount of the DAP "special projects" and the meeting expenses of the Communication Steering Committee. Expenses were reduced across the board.

Insurance and Investments

Expenses related directly to CDA's administration of the CDIP and CDARSP are being tracked and charged to this account. In 1991, legal expenses related to the QDSA law suit were charged to this account as well; they amounted to \$70,482, well above the \$37,500 estimated.

Membership

Membership promotion was a high priority in 1991 and accordingly the budget reflected this. Actual expense was held below budget. Expenses were related to the "speaker tours", where the President or his designate attended various local society meetings to discuss CDA activities, the brochures and other publications related to membership promotion, consulting fees related to the development of the membership marketing strategy and Committee meeting costs.

Publications

This item includes expenses related to the Journal, the Communique and the annual review. Expenses were close to the previous year. Of note, Journal production expenses were up as a result of higher printing costs and consulting fees. And these in turn were up due to the net cost, after advertising revenue, of the CDANet supplement that was published in the Journal and the readership survey commissioned by the Journal. As well, there was no individual annual review publication in 1991; it was published as an edition of the Communique.

Student Affairs

This item includes Council expenses, student membership promotion expenses and expenses related to the student conference. In 1991, promotion of membership to students was enhanced and expanded, most notably with "grad dinners".

Taxation

Taxation Committee expenses were consistent with normal activity, much below 1990 expenses that included publication of the GST manual.

Third Party Plans

This item includes expenses related to the Third Party Committee and the Dialogue in

Dentistry (Purchaser Information Program) program. Expenses were on par with last year and below budget as DID program initiatives were postponed.

Library

Library expenses, that is those expenses directly related to Library activities but exclusive of overhead, were higher in 1991 due to increased activity.

ADMINISTRATION

Staff

Staff expense includes staff salaries, benefits, travel, training, temporary staff and other related expense items. Expenses in 1991 increased significantly as the full impact of new staff hired in 1990 and early 1991 was felt. A total of 10 new positions were created in recent years to accommodate increased workload in the areas of membership promotion and administration, information systems, information services, library operations and professional services. This area was also impacted by unbudgeted severance payments totalling over \$15,000.

As well, the cost of providing benefits to staff increased substantially, specifically in the areas of UIC premiums, group dental and disability insurance and provincial health plan insurance.

And finally, as noted earlier in these notes, CDA recorded 27 pay periods in a single year as opposed to the normal 26 pay periods associated with a bi-weekly pay structure. To reiterate, this is a matter of timing and was not an added or bonus payment to staff. It amounted to an additional expense of approximately \$62,000.

Operations

Operations expense, which includes office equipment, insurance, printing, stationary and other overhead expenses, at \$537,851, appears significantly higher than the previous year. However, this line item includes the total cost of GST for all areas, and at \$145,817 in 1991, this actually means that operation expenses were below 1990 levels. As well, this item includes over \$51,000 in depreciation expense, up from \$32,975 the year before.

Property

Property expense in 1991 exceeded budget largely as a result of two factors: increased depreciation expense and loan interest. Depreciation expense totalled \$170,633 compared to \$131,794 in 1990. Interest expense amounted to \$32,333 whereas there was no interest expense in 1990.

SCHEDULE OF MEMBERSHIP BY PROVINCE (page 12 of the Audited Financial Statements)

This section of the statements is provided for information and represents a record of membership fees received by CDA during the year.

Figures are not always devisable by the current years' fee because of previous year payments recorded in the current year, partial payments or foreign exchange.

CANADIAN DENTAL RESEARCH FOUNDATION (separate statements)

The activity in the CDRF was similar to previous years. Interest income was lower, due to interest rates. As well, the biennial CDRF award was presented in 1991.

CANADIAN DENTAL ASSOCIATION

FINANCIAL STATEMENTS

DECEMBER 31, 1991

CANADIAN DENTAL ASSOCIATION

INDEX TO FINANCIAL STATEMENTS

DECEMBER 31, 1991

Page

1	Auditors' Report
2	Balance Sheet
3	Statement of Equity
4	Statement of Revenue and Expenses
5	Library Trust Fund Statement of Revenue, Expenses and Equity
6	The Grieve Memorial Lectureship Fund Statement of Revenue, Expenses and Equity
7 & 8	Notes to Financial Statements
9	Schedule of Revenue Fees Other
10	Schedule of Expenses Executive Services Professional Services
11	Schedule of Expenses Member Services Administration
12	Schedule of Membership Revenue by Province
The Canadian Dental Research Foundation	
13	Auditors' Report
14	Balance Sheet
15	Statement of Revenue and Expense
16	Notes to Financial Statements

Mc CAY, DUFF & COMPANY

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AUDITORS' REPORT

To the Members of
Canadian Dental Association.

We have audited the balance sheet of the Canadian Dental Association as at December 31, 1991 and the statements of revenue and expenses, equity and revenue, expenses and equity for the Library Trust Fund and The Grieve Memorial Lectureship Fund for the year then ended. These financial statements are the responsibility of the association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects the financial position of the Association as at December 31, 1991 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.

McCay, Duff & Co.

Chartered Accountants.

Ottawa, Ontario,
March 6, 1992.

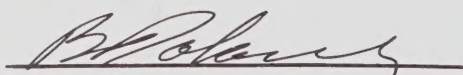
CANADIAN DENTAL ASSOCIATION

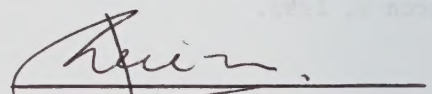
BALANCE SHEET

AS AT DECEMBER 31, 1991

	ASSETS	1991	1990
CURRENT			
Cash		\$ -	\$ 262,905
Accounts receivable		170,686	193,410
Inventory		87,216	108,643
Prepaid expenses		173,836	19,385
		431,738	584,343
FIXED (note 3)		2,700,623	2,411,858
		3,132,361	2,996,201
	TRUST ASSETS		
Cash		15,542	20,755
Prepaid expenses		10,528	9,118
		26,070	29,873
		\$3,158,431	\$3,026,074
	LIABILITIES		
CURRENT			
Bank overdraft		\$ 520,430	\$ -
Accounts payable		591,335	679,081
Deferred revenue		1,183,585	840,589
		2,295,350	1,519,670
	EQUITY		
Surplus		1,381,865	1,754,530
Convention Reserve Fund		191,590	263,878
CDAnet Fund (deficit)		(736,444)	(541,877)
		837,011	1,476,531
	TRUST EQUITY		
Library Trust Fund		11,498	14,808
The Grieve Memorial Lectureship Fund		14,572	15,065
		26,070	29,873
		\$3,158,431	\$3,026,074

Approved on behalf of the Board:


President


Executive Director

CANADIAN DENTAL ASSOCIATION

STATEMENT OF EQUITY

FOR THE YEAR ENDED DECEMBER 31, 1991

	<u>1991</u>	<u>1990</u>
SURPLUS		
BALANCE - BEGINNING OF YEAR	\$1,754,530	\$1,598,555
Net revenue (expenses) for the year	(372,665)	(90,244)
Transfer from (to) Building Contingency Reserve Fund	-	53,330
Transfer from CDAnet Fund	-	192,889
BALANCE - END OF YEAR	<u>\$1,381,865</u>	<u>\$1,754,530</u>
BUILDING CONTINGENCY RESERVE FUND		
BALANCE - BEGINNING OF YEAR	\$ -	\$ 51,568
Transfer from (to) surplus	-	(53,330)
Interest earned	-	1,762
BALANCE - END OF YEAR	<u>\$ -</u>	<u>\$ -</u>
CONVENTION RESERVE FUND		
BALANCE - BEGINNING OF YEAR	\$ 263,878	\$ 320,724
Convention revenue	420,084	480,337
Convention expenses	(492,372)	(537,183)
Net convention revenue (expenses) for the year	(72,288)	(56,846)
BALANCE - END OF YEAR	<u>\$ 191,590</u>	<u>\$ 263,878</u>
CDAnet FUND		
BALANCE (DEFICIT) - BEGINNING OF YEAR	(\$ 541,877)	\$ -
Net revenue (expenses) for the year	(194,567)	(348,988)
Transfer from (to) surplus	-	(192,889)
	(194,567)	(541,877)
BALANCE (DEFICIT) - END OF YEAR	<u>(\$ 736,444)</u>	<u>(\$ 541,877)</u>

CANADIAN DENTAL ASSOCIATION

STATEMENT OF REVENUE AND EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1991

	1991		1990
	Budget	Actual	Actual
REVENUE			
Fees (Page 9)	\$3,624,601	\$3,697,915	\$3,327,762
Other (Page 9)	<u>1,425,475</u>	<u>1,442,511</u>	<u>1,641,660</u>
	5,050,076	5,140,426	4,969,422
EXPENSES			
Executive services (Page 10)	568,587	607,554	609,829
Professional services (Page 10)	340,877	323,307	360,946
Member Services (Page 11)	1,710,186	1,663,203	1,628,140
Administration (Page 11)	<u>2,755,873</u>	<u>2,919,027</u>	<u>2,460,751</u>
	<u>5,375,523</u>	<u>5,513,091</u>	<u>5,059,666</u>
NET REVENUE (EXPENSES)			
FOR THE YEAR	(\$ <u>325,447</u>)	(\$ <u>372,665</u>)	(\$ <u>90,244</u>)

CANADIAN DENTAL ASSOCIATION

LIBRARY TRUST FUND

STATEMENT OF REVENUE, EXPENSES AND EQUITY

FOR THE YEAR ENDED DECEMBER 31, 1991

	<u>1991</u>	<u>1990</u>
REVENUE		
Interest	\$ 279	\$ 425
Donations	<u>14,920</u>	<u>17,420</u>
	15,199	17,845
EXPENSES		
Books	7,330	6,310
Miscellaneous	-	265
Subscriptions	<u>11,179</u>	<u>9,583</u>
	<u>18,509</u>	<u>16,158</u>
NET REVENUE (EXPENSES) FOR THE YEAR	(3,310)	1,687
Equity - beginning of year	<u>14,808</u>	<u>13,121</u>
EQUITY - END OF YEAR	<u>\$11,498</u>	<u>\$14,808</u>

CANADIAN DENTAL ASSOCIATION
THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF REVENUE, EXPENSES AND EQUITY
FOR THE YEAR ENDED DECEMBER 31, 1991

	<u>1991</u>	<u>1990</u>
REVENUE		
Donation	\$ -	\$ 3,000
Interest	<u>1,071</u>	<u>1,329</u>
	1,071	4,329
EXPENSES		
Awards	<u>1,564</u>	<u>549</u>
NET REVENUE (EXPENSES) FOR THE YEAR	(493)	3,780
Equity - beginning of year	<u>15,065</u>	<u>11,285</u>
EQUITY - END OF YEAR	<u>\$14,572</u>	<u>\$15,065</u>

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1991

1. SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

Revenue and expenses are recorded on the accrual basis, whereby they are reflected in the accounts in the period in which they have been earned and incurred respectively, whether or not such transactions have been finally settled by the receipt or payment of money.

(b) Inventory

Inventory is stated at the lower of cost and net realizable value.

(c) Depreciation

All major fixed asset expenditures are capitalized and depreciated while minor fixed asset expenditures are expensed in the year of acquisition.

Depreciation is provided on the straight line basis as follows:

Building	- 40 years
Building improvements	- 10 years
Data processing equipment	- 3 years
Furniture and equipment	- 10 years

(d) Executive Pension Plan

The initial contribution made to the defined contribution pension plan is included in prepaid expenses and is being amortized on a straight line basis over six years.

2. CDAnet FUND

During the past four years, the Association has been developing an electronic data interchange program referred to as CDAnet. During 1990, the Association entered into contractual commitments with several provincial dental associations in connection with the distribution of income generated by the CDAnet program. A term of this agreement allows for the Association to recover its developmental and operating costs relating to CDAnet. In the event the operating costs become unrecoverable, they would be absorbed by the surplus account.

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1991

3. FIXED ASSETS

	1991			1990
	Cost	Accumulated Depreciation	Net	Net
Land	\$ 82,915	\$ -	\$ 82,915	\$ 82,915
Building	2,500,570	716,607	1,783,963	1,759,292
Building improvements	630,503	248,162	382,341	386,044
Furniture and equipment	422,568	53,981	368,587	105,518
Data processing equipment	154,579	84,302	70,277	65,549
Chain of office	12,540	-	12,540	12,540
	<u>\$3,803,675</u>	<u>\$1,103,052</u>	<u>\$2,700,623</u>	<u>\$2,411,858</u>

4. COMMITMENTS

The Association has a \$1,500,000 operating line of credit authorized by the Toronto Dominion Bank. As at December 31, 1991, the outstanding balance with regard to this line of credit was \$750,000. A registered mortgage remains on the land and building to secure the line of credit.

5. STATEMENT OF CHANGES IN FINANCIAL POSITION

Under generally accepted accounting principles, a statement of changes in financial position forms a part of the financial statements of an organization. In the case of the Association it would not provide additional useful information and consequently management is of the opinion it need not be included.

6. CONTINGENT LIABILITY

The Association has been named in conjunction with a lawsuit against its life insurance affiliate. The outcome of this matter is not readily determinable; however, management is of the opinion that there will be no cost other than that of legal representation. To date, \$70,000 has been expended for legal representation.

7. BUDGETED FIGURES

The original budgeted amounts presented to the Association's Board of Governors in 1990 were revised during 1991 to reflect changes in approved programming. Presented in the financial statements for comparative purposes, the revised budget was presented to the Board of Governors at the 1992 interim board meeting held April 3, 1992.

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF REVENUE

FOR THE YEAR ENDED DECEMBER 31, 1991

	1991		1990
	Budget	Actual	Actual
FEES			
Active	\$3,072,340	\$3,097,077	\$2,743,411
Affiliate	138,380	140,373	140,528
Supporting	11,895	11,847	11,022
Student	25,397	45,833	39,874
Retired	9,919	10,410	8,951
Corporate	111,390	108,305	109,465
Licensing body	251,780	280,190	270,950
F.D.I.	3,500	3,880	3,561
	<u>\$3,624,601</u>	<u>\$3,697,915</u>	<u>\$3,327,762</u>
OTHER			
Accreditation surveys	\$ 72,700	\$ 70,600	\$ 67,450
Consumer product recognition	36,000	45,000	44,500
D.A.T.	285,000	277,755	206,018
D.A.P. Merchandise	138,400	131,418	210,660
Library	143,100	143,487	181,472
Conferences and seminars	51,400	63,918	83,030
Journal	615,000	604,413	564,351
Property	25,875	30,127	73,652
Interest	6,000	15,969	147,278
Other	52,000	59,824	63,249
	<u>\$1,425,475</u>	<u>\$1,442,511</u>	<u>\$1,641,660</u>

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1991

	1991		1990
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
EXECUTIVE SERVICES			
Board of Governors	\$150,270	\$141,474	\$131,461
Executive Council	97,489	108,227	95,391
Management Committee	160,105	166,382	202,786
President's expenses	61,220	79,051	80,280
Constitution and by-laws	864	1,315	1,284
F.D.I.	61,921	64,594	63,272
Intercorporate relations	20,900	26,954	20,120
Nominations	15,818	19,557	15,235
	<u>\$568,587</u>	<u>\$607,554</u>	<u>\$609,829</u>
PROFESSIONAL SERVICES			
Accreditation	\$ 91,581	\$ 92,566	\$106,334
Consumer product recognition	9,184	9,904	10,322
D.A.T.	153,750	140,438	151,054
Dental materials and devices	9,349	8,458	10,415
Dental specialties	6,500	6,631	7,279
Education	30,868	27,465	32,382
Ethics	6,088	5,595	13,669
Community and institutional dentistry	19,057	20,169	16,094
Professional resource utilization	14,500	12,081	13,397
	<u>\$340,877</u>	<u>\$323,307</u>	<u>\$360,946</u>

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1991

	1991		1990
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
MEMBER SERVICES			
Government relations	\$ 7,501	\$ 7,309	\$ 5,405
Information services	324,968	323,848	460,499
Insurance and investments	39,000	72,128	5,834
Membership	223,080	187,820	91,408
Publications	937,510	909,200	893,740
Student affairs	85,915	86,783	56,297
Taxation	5,512	3,635	50,395
Third party	41,700	24,295	26,106
Library	45,000	48,185	38,456
	<u>\$1,710,186</u>	<u>\$1,663,203</u>	<u>\$1,628,140</u>
ADMINISTRATION			
Staff	\$1,880,623	\$1,969,440	\$1,616,064
Operations	507,050	537,851	483,433
Property	368,200	411,736	361,254
	<u>\$2,755,873</u>	<u>\$2,919,027</u>	<u>\$2,460,751</u>

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF MEMBERSHIP REVENUE BY PROVINCE

FOR THE YEAR ENDED DECEMBER 31, 1991

	Active	Affiliate	Support- ing	Student	Retired	Corporate	Licensing Body
Nfld.	\$ 50,005	\$ -	\$ -	\$ -	\$ 271	\$ 1,460	\$ 2,920
P.E.I.	16,425	-	-	-	183	480	980
N.S.	150,745	-	182	2,920	274	4,180	8,360
N.B.	80,300	-	-	-	274	2,390	4,780
Que.	348,022	112,450	1,460	14,625	2,555	14,580	61,600
Ont.	962,152	15,695	3,650	10,929	4,114	41,440	114,000
Man.	178,850	-	183	3,990	274	5,060	10,120
Sask.	121,590	-	-	2,195	183	3,615	7,230
Alta.	476,690	-	-	7,321	730	13,950	27,900
B.C.	712,298	-	532	3,491	1,278	21,150	42,300
Other	-	12,228	5,840	362	274	-	-
	<u>\$3,097,077</u>	<u>\$140,373</u>	<u>\$11,847</u>	<u>\$45,833</u>	<u>\$10,410</u>	<u>\$108,305</u>	<u>\$280,190</u>

FOR THE YEAR ENDED DECEMBER 31, 1990

	Active	Affiliate	Support- ing	Student	Retired	Corporate	Licensing Body
Nfld.	\$ 43,230	\$ -	\$ -	\$ -	\$ 83	\$ 1,380	\$ 2,740
P.E.I.	14,850	-	-	-	83	480	980
N.S.	133,320	-	-	2,210	83	4,050	8,100
N.B.	66,000	-	-	34	165	2,580	4,500
Que.	298,838	113,340	495	11,848	1,568	13,390	57,400
Ont.	886,590	13,035	4,043	15,436	3,176	44,870	111,800
Man.	158,070	-	165	221	83	4,915	9,830
Sask.	106,590	-	825	3,264	-	3,590	7,180
Alta.	422,273	-	83	3,332	83	13,720	27,440
B.C.	613,650	220	-	2,805	660	20,490	40,980
Other	-	13,933	5,411	724	2,967	-	-
	<u>\$2,743,411</u>	<u>\$140,528</u>	<u>\$11,022</u>	<u>\$39,874</u>	<u>\$8,951</u>	<u>\$109,465</u>	<u>\$270,950</u>

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSOUR, B.ADMN., C.A.
BLAIR E. DAVIDSON, B.COMM., C.A.
G. WARREN TRICKEY, B.COMM., C.A.
ROBERT D. SHANTZ, B.MATH., C.A.
CONSULTANT - ELDREN E. McCONNELL, C.A.

330 McLEOD ST.
OTTAWA, ONT.
K2P 2C5
(613) 236-2367
1 (800) 267-6551
FAX: 236-5041

AUDITORS' REPORT

To the Members of
Canadian Dental Research Foundation.

We have audited the balance sheet of the Canadian Dental Research Foundation as at December 31, 1991 and the statement of revenue and expense for the year then ended. These financial statements are the responsibility of the foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects the financial position of the foundation as at December 31, 1991 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.

McCay, Duff & Co.

Chartered Accountants.

Ottawa, Ontario,
March 6, 1992.

THE CANADIAN DENTAL RESEARCH FOUNDATION

BALANCE SHEET

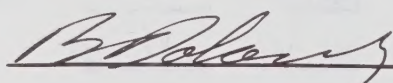
AS AT DECEMBER 31, 1991

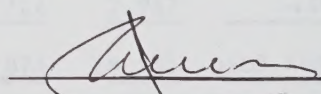
	ASSETS	1991	1990
CURRENT			
Cash		\$55,994	\$53,215
Accrued interest receivable		240	454
		56,234	53,669
INVESTMENT (note 2)		5,000	5,000
		\$61,234	\$58,669

MEMBERS' EQUITY

SURPLUS - BEGINNING OF YEAR	\$58,669	\$52,637
Net revenue for the year	2,565	6,032
SURPLUS - END OF YEAR	\$61,234	\$58,669

Approved on behalf of the Board:


President


Executive Director

THE CANADIAN DENTAL RESEARCH FOUNDATION
STATEMENT OF REVENUE AND EXPENSE
FOR THE YEAR ENDED DECEMBER 31, 1991

	<u>1991</u>	<u>1990</u>
REVENUE		
Interest	\$4,565	\$6,032
EXPENSE		
Award	<u>2,000</u>	<u>-</u>
NET REVENUE FOR THE YEAR	<u>\$2,565</u>	<u>\$6,032</u>

THE CANADIAN DENTAL RESEARCH FOUNDATION

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1991

1. SIGNIFICANT ACCOUNTING POLICY

Basis of Accounting

Revenue and expenses are recorded on the accrual basis, whereby they are reflected in the accounts in the period in which they have been earned and incurred respectively, whether or not such transactions have been finally settled by the receipt or payment of money.

2. INVESTMENT

The investment is stated at cost, which approximates market value.

	<u>Cost</u>
\$5,000 Hydro-Electric Power Commission of Ontario 9% bond, due April 1, 1994	<u>\$5,000</u>

3. STATEMENT OF CHANGES IN FINANCIAL POSITION

Under generally accepted accounting principles, a statement of changes in financial position forms a part of the financial statements of an organization. In the case of the Foundation it would not provide additional useful information and consequently management is of the opinion it need not be included.

ASSOCIATION DENTAIRE CANADIENNE

ETATS FINANCIERS

31 DECEMBRE 1991

Mc CAY. DUFF & COMPANY

CHARTERED ACCOUNTANTS

JOHN W. FRANKLIN, C.A.
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RAPPORT DES VERIFICATEURS

Aux membres de
l'Association Dentaire Canadienne

Nous avons vérifié le bilan de l'Association Dentaire Canadienne au 31 décembre 1991 ainsi que les états des résultats, de l'avoir et des résultats et de l'avoir du fonds en fiducie pour la bibliothèque et du fonds "Grieve Memorial Lectureship" pour l'exercice terminé à cette date. La responsabilité de ces états financiers incombe à la direction de l'Association. Notre responsabilité consiste à exprimer une opinion sur ces états financiers en nous fondant sur notre vérification.

Notre vérification a été effectuée conformément aux normes de vérification généralement reconnues. Ces normes exigent que la vérification soit planifiée et exécutée de manière à fournir un degré raisonnable de certitude quant à l'absence d'inexactitudes importantes dans les états financiers. La vérification comprend le contrôle par sondages des informations probantes à l'appui des montants et des autres éléments d'information fournis dans les états financiers. Elle comprend également l'évaluation des principes comptables suivis et des estimations importantes faites par la direction, ainsi qu'une appréciation de la présentation d'ensemble des états financiers.

A notre avis, ces états financiers présentent fidèlement, à tous égards importants, la situation financière de l'Association au 31 décembre 1991 ainsi que les résultats de son exploitation pour l'exercice terminé à cette date selon les principes comptables généralement reconnus.

McCay, Duff & Co.

Comptables agréés

Ottawa (Ontario)
le 6 mars 1992

ASSOCIATION DENTAIRE CANADIENNE

INDEX AUX ETATS FINANCIERS

31 DECEMBRE 1991

Page

1	Rapport des vérificateurs
2	Bilan
3	Etat de l'avoir
4	Etat des résultats
5	Fonds en fiducie pour la bibliothèque Etat des résultats et de l'avoir
6	Fonds "Grieve Memorial Lectureship" Etat des résultats et de l'avoir
7 & 8	Notes complémentaires
9	Tableau des revenus Cotisations Autre
10	Tableau des dépenses Services exécutifs Services professionnels
11	Tableau des dépenses Services aux membres Administration
12	Tableau des revenus des membres par province

La Fondation Canadienne de Recherches Dentaires

13	Rapport des vérificateurs
14	Bilan
15	Etat des résultats
16	Notes complémentaires

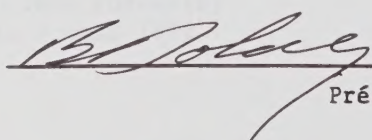
ASSOCIATION DENTAIRE CANADIENNE

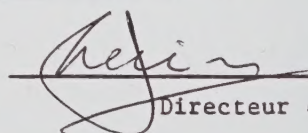
BILAN

AU 31 DECEMBRE 1991

	ACTIF	1991	1990
ACTIF A COURT TERME			
Encaisse		- \$	262 905 \$
Comptes débiteurs		170 686	193 410
Stocks		87 216	108 643
Frais payés d'avance		173 836	19 385
		<u>431 738</u>	<u>584 343</u>
ACTIF IMMOBILISE (note 3)		2 700 623	2 411 858
		<u>3 132 361</u>	<u>2 996 201</u>
ACTIF DU FONDS EN FIDUCIE			
Encaisse		15 542	20 755
Frais payés d'avance		10 528	9 118
		<u>26 070</u>	<u>29 873</u>
		<u>3 158 431</u> \$	<u>3 026 074</u> \$
PASSIF			
PASSIF A COURT TERME			
Découvert bancaire		520 430 \$	- \$
Comptes créditeurs		591 335	679 081
Revenu reporté		<u>1 183 585</u>	<u>840 589</u>
		2 295 350	1 519 670
AVOIR			
Surplus		1 381 865	1 754 530
Fonds de réserve pour convention		191 590	263 878
Fonds "CDAnet" (déficit)		(736 444)	(541 877)
		837 011	1 476 531
AVOIR			
Fonds en fiducie pour la bibliothèque		11 498	14 808
Fonds en fiducie "Grieve Memorial Lectureship"		14 572	15 065
		<u>26 070</u>	<u>29 873</u>
		<u>3 158 431</u> \$	<u>3 026 074</u> \$

Approuvé au nom des administrateurs:


Président


Directeur exécutif

ASSOCIATION DENTAIRE CANADIENNE

ETAT DE L'AVOIR

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1991

	<u>1991</u>	<u>1990</u>
SURPLUS		
SOLDE AU DEBUT DE L'EXERCICE	1 754 530 \$	1 598 555 \$
Revenus (dépendes) nets pour l'exercice	(372 665)	(90 244)
Virement du (au) fonds de réserve pour immeubles	-	53 330
Virement du fonds "CDAnet"	-	192 889
SOLDE A LA FIN DE L'EXERCICE	<u>1 381 865 \$</u>	<u>1 754 530 \$</u>
FONDS DE RESERVE POUR IMMEUBLES		
SOLDE AU DEBUT DE L'EXERCICE	- \$	51 568 \$
Virement du (au) surplus	-	(53 330)
Intérêts gagnés	-	1 762
SOLDE A LA FIN DE L'EXERCICE	<u>- \$</u>	<u>- \$</u>
FONDS DE RESERVE POUR CONVENTION		
SOLDE AU DEBUT DE L'EXERCICE	263 878 \$	320 724 \$
Revenu de convention	420 084	480 337
Dépenses de convention	(492 372)	(537 183)
Revenus (dépendes) de convention nets pour l'exercice	(72 288)	(56 846)
SOLDE A LA FIN DE L'EXERCICE	<u>191 590 \$</u>	<u>263 878 \$</u>
FONDS "CDAnet"		
SOLDE (DEFICIT) AU DEBUT DE L'EXERCICE	(541 877 \$)	- \$
Revenus (dépendes) nets pour l'exercice	(194 567)	(348 988)
Virement du (au) surplus	-	(192 889)
	(194 567)	(541 877)
SOLDE (DEFICIT) A LA FIN DE L'EXERCICE	<u>(736 444 \$)</u>	<u>(541 877 \$)</u>

ASSOCIATION DENTAIRE CANADIENNE

ETAT DES RESULTATS

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1991

	1991		1990
	Budget	Réel	Réel
REVENUS			
Cotisations (Page 9)	3 624 601 \$	3 697 915 \$	3 327 762 \$
Autre (Page 9)	1 425 475	1 442 511	1 641 660
	5 050 076	5 140 426	4 969 422
DEPENSES			
Services exécutifs (Page 10)	568 587	607 554	609 829
Services professionnels (Page 10)	340 877	323 307	360 946
Services aux membres (Page 11)	1 710 186	1 663 203	1 628 140
Administration (Page 11)	2 755 873	2 919 027	2 460 751
	5 375 523	5 513 091	5 059 666
REVENUS (DEPENSES) NETS POUR L'EXERCICE	(325 447 \$)	(372 665 \$)	(90,244 \$)

ASSOCIATION DENTAIRE CANADIENNE
FONDS EN FIDUCIE POUR LA BIBLIOTHEQUE
ETAT DES RESULTATS ET DE L'AVOIR
POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1991

	<u>1991</u>	<u>1990</u>
REVENUS		
Intérêts	279 \$	425 \$
Dons	<u>14 920</u>	<u>17 420</u>
	15 199	17 845
DEPENSES		
Livres	7 330	6 310
Divers	-	265
Abonnements	<u>11 179</u>	<u>9 583</u>
	<u>18 509</u>	<u>16 158</u>
REVENUS (DEPENSES) NETS POUR L'EXERCICE	(3 310)	1 687
Avoir au début de l'exercice	<u>14 808</u>	<u>13 121</u>
AVOIR A LA FIN DE L'EXERCICE	<u>11 498 \$</u>	<u>14 808 \$</u>

ASSOCIATION DENTAIRE CANADIENNE

FONDS "GRIEVE MEMORIAL LECTURESHIP"

ETAT DES RESULTATS ET DE L'AVOIR

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1991

	<u>1991</u>	<u>1990</u>
REVENU		
Dons	- \$	3 000 \$
Intérêts	<u>1 071</u>	<u>1 329</u>
	1 071	4 329
DEPENSES		
Prix	<u>1 564</u>	<u>549</u>
REVENUS (DEPENSES) NETS POUR L'EXERCICE	(493)	3 780
Avoir au début de l'exercice	<u>15 065</u>	<u>11 285</u>
AVOIR A LA FIN DE L'EXERCICE	<u>14 572</u> \$	<u>15 065</u> \$

ASSOCIATION DENTAIRE CANADIENNE

NOTES COMPLEMENTAIRES

31 DECEMBRE 1991

1. PRINCIPALES CONVENTIONS COMPTABLES

(a) Revenus et dépenses

Les revenus et dépenses sont comptabilisés sur une base d'exercice qui consiste à comptabiliser les revenus et dépenses lorsqu'ils sont gagnés ou les charges engagées sans considération du moment où les transactions sont réglées par l'encaissement ou le déboursé d'une somme d'argent ou d'autre façon.

(b) Stocks

Les stocks sont évalués à la valeur nominale et à la valeur de réalisation nette.

(c) Amortissement

Les dépenses majeures d'actif immobilisé sont capitalisées et amorties tandis que les dépenses mineures sont imputées aux résultats de l'exercice.

L'amortissement est obtenue selon la méthode linéaire comme suit:

Immeuble	- 40 ans
Améliorations d'immeuble	- 10 ans
Équipement pour traitement de l'information	- 3 ans
Mobiliers et équipements	- 10 ans

(d) Régime de retraite de la direction

La contribution initiale faite au régime de retraite à cotisations déterminées est inclut dans les frais payées d'avance et est amortie par la méthode de l'amortissement linéaire pendant six ans.

2. FONDS "CDAnet"

Pendant les quatre dernières années, l'Association a développé un programme d'échange d'information électronique nommé "CDAnet." Au cours de 1990, l'Association est entré dans des engagements de convention avec plusieurs associations dentaires provinciaux au sujet de la distribution des revenus produient par le programme "CDAnet." Une des ententes de ces engagements permet à l'Association de récupérer les coûts de développement et d'opération reliés au "CDAnet." Au cas où les coûts d'opération ne sont pas récupérables, ils seront absorbés par le compte du surplus.

ASSOCIATION DENTAIRE CANADIENNE

NOTES COMPLEMENTAIRES

31 DECEMBRE 1991

3. ACTIF IMMOBILISE

	1991		1990	
	Coût	Amortissement accumulé	Net	Net
Terrain	82 915 \$	- \$	82 915 \$	82 915 \$
Immeuble	2 500 570	716 607	1 783 963	1 759 292
Amélioration de l'immeuble	630 503	248 162	382 341	386 044
Mobiliers et équipements	422 568	53 981	368 587	105 518
Équipement pour traitement de l'information	154 579	84 302	70 277	65 549
Chaîne de bureau	12 540	-	12 540	12 540
	<u>3 803 675 \$</u>	<u>1 103 052 \$</u>	<u>2 700 623 \$</u>	<u>2 411 858 \$</u>

4. ENGAGEMENTS

L'Association détient une ligne de crédit avec la Banque Toronto Dominion au montant de 1 500 000 \$. Au 31 décembre 1991 cette ligne de crédit avait un solde impayé de 750 000 \$. Une hypothèque enregistrée demeure afin de garantir la ligne de crédit.

5. ETAT DE L'EVOLUTION DE LA SITUATION FINANCIERE

Sous les principes comptables généralement reconnus, cet état est une partie des états financiers de l'organisation. Dans ce cas, cet état n'a pas été préparé puisque la direction est de l'avis que cela ne fournirait aucunes informations supplémentaires utiles.

6. PASSIF EVENTUEL

L'Association est nommé en conjoint dans une poursuite judiciaire contre la société d'assurance-vie dont elle est affiliée. Les résultats de la poursuite ne sont pas déterminable mais la direction et de l'avis que les coûts seront limités au coût de la représentation judiciaire. A date, 70 000 \$ a été dépensés pour les frais légaux.

7. CHIFFRES BUDGETES

Les montants originellement budgétés qui ont été présenté en 1990 au conseil d'administration de l'association ont été révisé pendant 1991 afin de refléter les changements dans la programmation approuvée. Présenté dans les états financiers pour fin de comparaison, le budget révisé a été présenté au conseil d'administration à la réunion intérim du conseil qui a eu lieu le 3 avril 1992.

ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES REVENUS

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1991

	1991		1990
	Budget	Réel	Réel
COTISATIONS			
Actif	3 072 340 \$	3 097 077 \$	2 743 411 \$
Affilié	138 380	140 373	140 528
Soutien	11 895	11 847	11 022
Etudiant	25 397	45 833	39 874
Retraité	9 919	10 410	8 951
Système corporatif	111 390	108 305	109 465
Organismes des licences	251 780	280 190	270 950
F.D.I.	3 500	3 880	3 561
	<u>3 624 601 \$</u>	<u>3 697 915 \$</u>	<u>3 327 762 \$</u>
AUTRE			
Sondages d'accréditation	72 700 \$	70 600 \$	67 450 \$
Reconnaissance des produits au consommateur	36 000	45 000	44 500
P.T.A.D.	285 000	277 755	206 018
P.D.D.S. - marchandise	138 400	131 418	210 660
Bibliothèque	143 100	143 487	181 472
Conférences et séminaires	51 400	63 918	83 030
Journal	615 000	604 413	564 351
Propriété	25 875	30 127	73 652
Intérêts	6 000	15 969	147 278
Autre	52 000	59 824	63 249
	<u>1 425 475 \$</u>	<u>1 442 511 \$</u>	<u>1 641 660 \$</u>

ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES DEPENSES

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1991

	1991		1990
	Budget	Réel	Réel
SERVICES EXECUTIFS			
Conseil des gouverneurs	150 270 \$	141 474 \$	131 461 \$
Conseil exécutif	97 489	108 227	95 391
Comité de gestion	160 105	166 382	202 786
Dépenses du président	61 220	79 051	80 280
Statuts et règlements	864	1 315	1 284
F.D.I.	61 921	64 594	63 272
Relations entre les membres du système corporatif	20 900	26 954	20 120
Nominations	15 818	19 557	15 235
	<u>568 587 \$</u>	<u>607 554 \$</u>	<u>609 829 \$</u>
SERVICES PROFESSIONNELS			
Accréditation	91 581 \$	92 566 \$	106 334 \$
Reconnaissance des produits au consommateur	9 184	9 904	10 322
P.T.A.D.	153 750	140 438	151 054
Matériaux et appareils dentaires	9 349	8 458	10 415
Spécialités dentaires	6 500	6 631	7 279
Education	30 868	27 465	32 382
Code professionnel	6 088	5 595	13 669
Communauté et institutions dentaires	19 057	20 169	16 094
Utilisation de ressources professionnelles	14 500	12 081	13 397
	<u>340 877 \$</u>	<u>323 307 \$</u>	<u>360 946 \$</u>

ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES DEPENSES

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1991

	1991		1990
	Budget	Réel	Réel
SERVICES AUX MEMBRES			
Relations gouvernementales	7 501 \$	7 309 \$	5 405 \$
Services d'information	324 968	323 848	460 499
Assurance et investissements	39 000	72 128	5 834
Adhésion des membres	223 080	187 820	91 408
Publications	937 510	909 200	893 740
Activités étudiantes	85 915	86 783	56 297
Impôt	5 512	3 635	50 395
Comité régime de soins dentaire	41 700	24 295	26 106
Bibliothèque	45 000	48 185	38 456
	<u>1 710 186 \$</u>	<u>1 663 203 \$</u>	<u>1 628 140 \$</u>
ADMINISTRATION			
Personnel	1 880 623 \$	1 969 440 \$	1 616 064 \$
Opérations	507 050	537 851	483 433
Propriété	368 200	411 736	361 254
	<u>2 755 873 \$</u>	<u>2 919 027 \$</u>	<u>2 460 751 \$</u>

ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES REVENUS DES MEMBRES PAR PROVINCE

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1991

	Actif	Affilié	Soutien	Etudiant	Retraité	Système Corporatif	Organismes des Licences
T.N.	50 005 \$	-	\$ -	\$ -	\$ 271	\$ 1 460	\$ 2 920
I.P.E.	16 425	-	-	-	183	480	980
N.E.	150 745	-	182	2 920	274	4 180	8 360
N.B.	80 300	-	-	-	274	2 390	4 780
Que.	348 022	112 450	1 460	14 625	2 555	14 580	61 600
Ont.	962 152	15 695	3 650	10 929	4 114	41 440	114 000
Man.	178 850	-	183	3 990	274	5 060	10 120
Sask.	121 590	-	-	2 195	183	3 615	7 230
Alta.	476 690	-	-	7 321	730	13 950	27 900
C.B.	712 298	-	532	3 491	1 278	21 150	42 300
Autres	-	12 228	5 840	362	274	-	-
	<u>3 097 077</u> \$	<u>140 373</u> \$	<u>11 847</u> \$	<u>45 833</u> \$	<u>10 410</u> \$	<u>108 305</u> \$	<u>280 190</u> \$

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1990

	Actif	Affilié	Soutien	Etudiant	Retraité	Système Corporatif	Organismes des Licences
T.N.	43 230 \$	-	\$ -	\$ -	\$ 83	\$ 1 380	\$ 2 740
I.P.E.	14 850	-	-	-	83	480	980
N.E.	133 320	-	-	2 210	83	4 050	8 100
N.B.	66 000	-	-	34	165	2 580	4 500
Que.	298 838	113 340	495	11 848	1 568	13 390	57 400
Ont.	886 590	13 035	4 043	15 436	3 176	44 870	111 800
Man.	158 070	-	165	221	83	4 915	9 830
Sask.	106 590	-	825	3 264	-	3 590	7 180
Alta.	422 273	-	83	3 332	83	13 720	27 440
C.B.	613 650	220	-	2 805	660	20 490	40 980
Autres	-	13 933	5 411	724	2 967	-	-
	<u>2 743 411</u> \$	<u>140 528</u> \$	<u>11 022</u> \$	<u>39 874</u> \$	<u>8 951</u> \$	<u>109 465</u> \$	<u>270 950</u> \$

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSOUR, B.ADMIN., C.A.
BLAIR E. DAVIDSON, B.COMM., C.A.
G. WARREN TRICKEY, B.COMM., C.A.
ROBERT D. SHANTZ, B.MATH., C.A.

CONSULTANT - ELDREN E. McCONNELL, C.A.

330 McLEOD ST.
OTTAWA, ONT.
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1 (800) 267-8551
FAX: 236-5041

RAPPORT DES VERIFICATEURS

Aux membres de
La Fondation Canadienne de
Recherches Dentaires,

Nous avons vérifié le bilan de la Fondation Canadienne de Recherches Dentaires au 31 décembre 1991 ainsi que l'état des résultats pour l'exercice terminé à cette date. La responsabilité de ces états financiers incombe à la direction de la fondation. Notre responsabilité consiste à exprimer une opinion sur ces états financiers en nous fondant sur notre vérification.

Notre vérification a été effectuée conformément aux normes de vérification généralement reconnues. Ces normes exigent que la vérification soit planifiée et exécutée de manière à fournir un degré raisonnable de certitude quant à l'absence d'inexactitudes importantes dans les états financiers. La vérification comprend le contrôle par sondages des informations probantes à l'appui des montants et des autres éléments d'information fournis dans les états financiers. Elle comprend également l'évaluation des principes comptables suivis et des estimations importantes faites par la direction, ainsi qu'une appréciation de la présentation d'ensemble des états financiers.

A notre avis, ces états financiers présentent fidèlement, à tous égards importants, la situation financière de la fondation au 31 décembre 1991 ainsi que les résultats de son exploitation pour l'exercice terminé à cette date selon les principes comptables généralement reconnus.

McCay, Duff & Co.

Comptables agréés

Ottawa (Ontario)
le 6 mars 1992

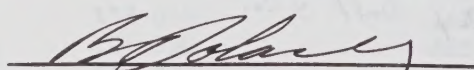
LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES

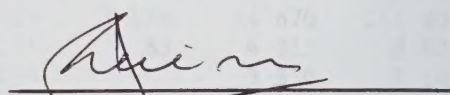
BILAN

AU 31 DECEMBRE 1991

ACTIF	1991	1990
ACTIF A COURT TERME		
Encaisse	55 994 \$	53 215 \$
Intérêts courus à recevoir	<u>240</u>	<u>454</u>
	56 234	53 669
INVESTISSEMENT (note 2)	<u>5 000</u>	<u>5 000</u>
	<u>61 234 \$</u>	<u>58 669 \$</u>
AVOIR DES MEMBRES		
SURPLUS AU DEBUT DE L'EXERCICE	58 669 \$	52 637 \$
Revenu net pour l'exercice	<u>2 565</u>	<u>6 032</u>
SURPLUS A LA FIN DE L'EXERCICE	<u>61 234 \$</u>	<u>58 669 \$</u>

Approuvé au nom du conseil d'administration:


Président


Directeur exécutif

LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES

ETAT DES RESULTATS

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1991

	<u>1991</u>	<u>1990</u>
REVENU		
Intérêts	4 565 \$	6 032 \$
DEPENSE		
Prix	<u>2 000</u>	<u>-</u>
REVENU NET POUR L'EXERCICE	<u>2 565 \$</u>	<u>6 032 \$</u>

LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES

NOTES COMPLEMENTAIRES

31 DECEMBRE 1991

1. PRINCIPALES CONVENTIONS COMPTABLES

Revenus et dépenses

Les revenus et dépenses sont comptabilisés sur une base d'exercice qui consiste à comptabiliser les revenus et dépenses lorsqu'ils sont gagnés ou les charges engagées sans considération du moment au les transactions sont réglées par l'encaissement ou le déboursé d'une somme d'argent ou d'autre façon.

2. INVESTISSEMENT

L'investissement est comptabilisé au coût d'acquisition qui représente approximativement la valeur marchande.

Coût

Obligations de 5 000 \$ de la Commission d'Energie
Hydro Electrique de l'Ontario à 9%, échéant le 1^{er}
avril 1994

5 000 \$

3. ETAT DE L'EVOLUTION DE LA SITUATION FINANCIERE

Sous les principes comptables généralement reconnus, cet état est une partie des états financiers de l'organisation. Dans ce cas, cet état n'a pas été préparé puisque la direction est de l'avis que cela ne fournirait aucunes informations complémentaires utiles.

NOTES TO THE 1991 BUDGET ADJUSTMENTS

The 1991 CDA budget has been brought before the Board on the three previous occasions. Each version was presented to the Board with notes explaining how the budget had changed. These notes have been summarized here for your reference.

Interim 1990 Meeting

The 1991 budget was first presented to the Board of Governors at the 1990 Interim Meeting. At that time, a preliminary budget was presented showing a bottom line deficit of \$144,241, excluding an estimated \$125,000 in additional expenses for the new GST. The Board was advised that while the budget represented reasonable needs and projections, the need for a balanced budget was paramount. Accordingly, the Executive would review the budget at its June meeting and, with the benefit of financial results of the previous year for comparison, make necessary adjustments to bring the budget into balance.

Annual 1990

The results of the above exercise were reported to the Board at the Annual meeting in 1990. It was a difficult exercise, but in the end, the budget was adjusted by over \$323,000 and again excluding the factor for GST, a surplus of \$179,084 was now projected.

Adjustments included revised revenue projections totalling \$43,255 and \$280,070 from cuts on the expense side. Cuts included:

- \$110,000 from the Information Services budget (from \$433,968 to \$323,968)
 - \$50,000 from the Staff Expense budget (from \$1, 830,350 to \$1,780,350)
 - \$18,000 from the Operations budget (from \$460,050 to \$442,050)
 - \$45,000 from the New Projects (from \$107,300 to \$62,300)
- and various cuts to committee budgets.

Interim 1991 Meeting

At the Interim 1991 meeting, the budget was again included in a presentation to the Board, this time for comparative purposes in regard to the 1992 budget. For convenience, the estimate of expense for GST, noted previously but not integrated into the budget was included in this presentation. Also, an error in the budget presented at the Annual meeting was noted and corrected in this presentation. The budget for the

Dental Specialties Committee had been listed as \$4,284 rather than \$9,500, a difference of \$5,216.

The bottom line was therefore a surplus projected to be \$48,868 (\$179,084 - \$125,000 - \$5,216 = \$48,868).

Interim 1992

The most recent visit with the budget was at the 1991 Planning Session. This review, however, was more a need to project where project areas would likely end-up, as opposed to the estimate of monetary sources and needs done originally. It did, however, reflect actual changes that had to be taken as a result of our cashflow requirements.

This is the document you have today.

The review suggested a drop in revenue expectations of \$119,800 and an increase in expenses of \$217,315. The total change, \$336,815, represented a bottom line deficit of \$287,947.

Interestingly enough, the original budget presented at the Interim 1990 meeting, projected a deficit of \$269,241 after accounting for GST expense.

A full explanation of the several adjustments, or changes in projections, will be offered with the presentation of the audited 1991 financial statements when they are presented to the Board at the 1992 Annual meeting this fall. Briefly, however, those items that significantly affected the numbers are explained below:

REVENUE

1. Membership fee revenue was revised with an increase to the active fee income, but a decrease in the affiliate fee income, based primarily on the ability, or inability, to categorize membership in Québec, but also to reflect actual results from the year before. The original budget was based on preliminary 1990 data.
2. Budgeted DAT revenue was increased based on the increased application fee that was approved mid-year and also on the predicted volume of applications, an increase of \$100,000.
3. Information Services revenue, from Merchandise sales, was decreased to reflect and the use of liquidation sales to reduce inventory of older stock.
4. Property income was reduced significantly as CDA has been unable to rent the vacant space in the Headquarters building.

5. Interest income was reduced significantly as a result of CDA experiencing a negative cash flow position earlier than anticipated.

EXPENSES

1. Originally, the Library expenses were included in the Publications' budget as the Library reported through the Publications Committee. It has since been broken out. The original budget developed by Library staff did not change, but there was some confusion in this area because the global budget developed for the Publications area was thought to include an amount for the Library but the departmental staff thought it was a separate item. The result was the overall publications budget had to be adjusted up to reflect the missing Library costs.

2. The Membership budget was increased by \$140,000 to a total of \$238,080 to cover the cost of the new advertising campaign, the new brochure, the expanded speaker tours, the enhanced "grad pak" or member services binder and the cost of "Grad Dinners". The Grad Dinners portion of the budget, however, was subsequently transferred to the Student Affairs budget.

NOTE: It should be pointed out that Management, during the year, approved an additional amount of up to \$115,000 for a Membership Marketing Campaign. Also, it should be noted that the original 1991 budget included a lump sum of \$100,000 under the area of Staff/Member Services in the Administration budget to be used for staffing and programming in the Communications area to develop the Communications Strategy, which includes Membership Marketing.

3. The Publications budget had to be increased by \$80,000 to offset the increased costs of publishing the Journal.

4. The Student Affairs budget was increased by \$28,400 to enhance membership promotion to student groups. As noted above the budget was also adjusted to include the transfer of budget dollars for the Grad Dinners.

5. The original 1991 staff budgets, based on 1989 data, failed to take into consideration the growth in staff which occurred in 1989 & 1990. As well, factors such as severance payments and maternity leaves also complicated the calculation of payroll numbers. Changes were accordingly projected in all departments. As noted above, the original Member Services Staff budget included a lump sum of \$100,000 for the Strategy; this explains the decrease in this area as opposed to the increases noted in the other departments.

6. The Operations budget was reduced by \$60,000, a decrease made possible by

postponing equipment purchases and more tightly controlling miscellaneous overhead expenses.

7. The Property line increased by \$40,000, due primarily to two factors: increased depreciation expense, which is higher due a shorter write-off period, and, an increase in the cost of borrowing, due to the earlier use of the line of credit.

It should be noted that the CDA operating budget does not take into consideration the CDAnet or CDA Convention Department operations, nor does it reflect legal costs related to the QDSA lawsuit. Estimates done at the time of the 1991 budget estimates expenses show \$150,000, an additional investment in CDAnet, a loss in the Convention Department of \$45,000 and legal costs of \$37,500.

These areas are being treated as items of a capital nature, funded by CDA, but with the expectation that monies invested will be recovered in due course. The increased cost of borrowing necessary to finance the items in the interim, however, is reflected in the CDA Operating budget under the Administration budget.

92/7/8
(REV91BGT.XLS)

CANADIAN DENTAL ASSOCIATION
REVISED 1991 BUDGET

	Variance (Interim'91 to Annual'92)	1991 Budget (Annual'92)	1991 Budget (Interim'92)	1991 Budget (Interim'91)	1991 Budget (Annual'90)	1991 Budget (Interim'90)
REVENUE						
FEES						
Active Fees	110,000	3,072,340	3,072,340	2,962,340	2,962,340	2,961,245
Affiliate Fees	-85,000	138,380	138,380	223,380	223,380	221,189
Supporting Fees	0	11,895	11,895	11,895	11,895	11,863
Retired Fees	0	9,919	9,919	9,919	9,919	9,952
Student Fees	-2,500	25,397	25,397	27,897	27,897	27,897
Corporate Fees	2,100	111,390	111,390	109,290	109,290	108,880
Licensing Body Fees	-15,000	251,780	251,780	266,780	266,780	267,220
FDI Fees	-1,500	3,500	3,500	5,000	5,000	5,000
Total	8,100	3,624,601	3,624,601	3,616,501	3,616,501	3,613,246
OTHER						
Accreditation Surveys	0	72,700	72,700	72,700	72,700	72,700
Consumer Product Recognition	-9,000	36,000	36,000	45,000	45,000	45,000
D A T	100,000	285,000	285,000	185,000	185,000	145,000
Information Services	-76,600	138,400	138,400	215,000	215,000	215,000
Library	-10,000	143,100	143,100	153,100	153,100	153,100
Conferences & Seminars	-10,000	51,400	51,400	61,400	61,400	61,400
Journal	28,000	615,000	615,000	587,000	587,000	587,000
Property	-120,000	25,875	25,875	145,875	145,875	145,875
Interest	-30,000	6,000	6,000	36,000	36,000	36,000
Other	0	52,000	52,000	52,000	52,000	52,000
Total	-127,600	1,425,475	1,425,475	1,553,075	1,553,075	1,513,075
GRAND TOTAL	-119,500	5,050,076	5,050,076	5,169,576	5,169,576	5,126,321

92/7/8
(REV91BGT.XLS)

CANADIAN DENTAL ASSOCIATION
REVISED 1991 BUDGET

	Variance (Interim'91 to Annual'92)	1991 Budget (Annual'92)	1991 Budget (Interim'92)	1991 Budget (Interim'91)	1991 Budget (Annual'90)	1991 Budget (Interim'90)
EXPENSES						
EXECUTIVE SERVICES						
Board of Governors	-5,000	150,270	150,270	155,270	155,270	155,270
Executive Council	-25,000	97,489	97,489	122,489	122,489	123,089
Management Committee	-9,000	160,105	160,105	169,105	169,105	169,105
President's Expenses	-5,000	61,220	61,220	66,220	66,220	71,720
Constitution & By-laws	-1,000	864	864	1,864	1,864	1,864
F.D.I.	16,000	61,921	61,921	45,921	45,921	52,921
Intercompany Relations	10,000	20,900	20,900	10,900	10,900	10,900
Nominations	2,000	15,818	15,818	13,818	13,818	13,818
Roles & Responsibilities	-1,000	0	0	1,000	1,000	1,000
Spokespersons	-2,500	0	0	2,500	2,500	2,500
New Projects	-62,300	0	0	62,300	62,300	107,300
Total	-82,800	568,587	568,587	651,387	651,387	709,487
PROFESSIONAL SERVICES						
Accreditation	-20,000	91,581	91,581	111,581	111,581	111,581
Consumer Product Recognition	-4,841	9,184	9,184	14,025	14,025	21,525
DAT	10,000	153,750	153,750	143,750	143,750	143,750
Dental Materials & Devices	-7,217	9,349	9,349	16,566	16,566	19,766
Dental Specialties	-3,000	6,500	6,500	9,500	4,284	12,084
Education	-5,000	30,868	30,868	35,868	35,868	35,868
Ethics	-5,000	6,088	6,088	11,088	11,088	11,088
Community & Institutional Dent	5,000	19,057	19,057	14,057	14,057	21,657
PRUC	2,000	14,500	14,500	12,500	12,500	19,370
Salaried Dentists	-500	0	0	500	500	500
Total	-28,558	340,877	340,877	369,435	364,219	397,189

92/7/8

(REV91BGT.XLS)

CANADIAN DENTAL ASSOCIATION

REVISED 1991 BUDGET

	Variance (Interim'91 to Annual'92)	1991 Budget (Annual'92)	1991 Budget (Interim'92)	1991 Budget (Interim'91)	1991 Budget (Annual'90)	1991 Budget (Interim'90)
MEMBER SERVICES						
Government Relations	-5,000	7,501	7,501	12,501	12,501	20,501
Information Services	1,000	324,968	324,968	323,968	323,968	433,968
Insurance & Investment	37,000	39,000	1,500	2,000	2,000	2,000
Library	45,000	45,000	45,000	0	0	0
Membership	125,000	223,080	223,080	98,080	98,080	98,080
Publications	80,000	937,510	937,510	857,510	857,510	857,510
Student Affairs	28,400	85,915	85,915	57,515	57,515	60,515
Taxation	-5,500	5,512	5,512	11,012	11,012	11,012
Third Party Plans	-20,000	41,700	41,700	61,700	61,700	61,700
Total	285,900	1,710,186	1,672,686	1,424,286	1,424,286	1,545,286
ADMINISTRATION						
Staff - Executive Services	64,567	402,317	402,317	337,750	337,750	337,750
Staff - Professional Services	85,943	424,443	424,443	338,500	338,500	348,500
Staff - Member Services	-66,193	630,507	630,507	696,700	696,700	696,700
Staff - Administration	15,956	423,356	423,356	407,400	407,400	447,400
Operations	-60,000	507,050	507,050	567,050	442,050	460,050
Property	40,000	368,200	368,200	328,200	328,200	328,200
Total	80,273	2,755,873	2,755,873	2,675,600	2,550,600	2,618,600
GRAND TOTAL	254,815	5,375,523	5,338,023	5,120,708	4,990,492	5,270,562
NET SURPLUS/-DEFICIT	-374,315	-325,447	-287,947	48,868	179,084	-144,241
GST					-125,000	-125,000
CDANet - Net	-60,000	-175,000	-175,000	-115,000		
Convention - Net	-45,000	-45,000	-45,000			
CDIP Lawsuit - Net	0		417	-37,500		
NET NET SURPLUS/-DEFICIT	-479,315	-545,447	-545,447	-66,132	54,084	-269,241

1993 Per Diem and Honoraria Rates

The honoraria rates for 1993 will be as follows:

President:	\$46,419
President-Elect:	\$23,210
Vice-President:	\$23,210

The per diem rates for 1993 be as follows:

	President, Past-President, President-Elect, Vice-President, Chairman of the Board		Executive Council Members		Committee/Council Chairmen and Presidential Appointees	
	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>
<u>Meeting Days</u>						
Mon. to Fri.	835	418	582	291	385	193
Sat.-Sunday	418	209	291	146	193	97
<u>Travel Days</u>						
Mon. to Fri.	835	418	582	291	385	193
Sat.-Sunday	0	0	0	0	0	0

COMMITTEE ON NOMINATIONS, AWARDS AND TRUSTS

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. B. Dolansky, Ottawa - Chairman
Dr. R. Markey, Vancouver
Dr. J. Niedermayer, Regina
Dr. K. Roach, Pembroke

Senior Staff: Mr. J. Neilson, Executive Director
Ms. S. Deziel, Manager, Executive Services

Coordinator: Ms. B. Dacey

Committee Meetings

Since the August 1991 Annual Meeting of the Board of Governors, the Nominations, Awards and Trusts Committee met on April 24, 1992.

ITEMS REQUIRING BOARD ACTION

1. Solicitation of nominations for elective offices and vacancies was conducted in accordance with the By-Laws and terms of reference of the Committee.
2. All elective offices and vacancies for the 1992-93 term have been filled by eligible nominees, with the following exceptions: a nomination from the floor is required to fill a vacancy on the Nominations, Awards and Trusts Committee.

RESOLVED:

92.56 **THAT Dr. Les Allen be appointed to fill the vacancy on the Committee on Nominations, Awards and Trusts.**

ADOPTED

The Commission on Accreditation has extended all member terms to 1993 and proposed the staggering of second terms.

3. Elections are to be held during the Annual Meeting of the Board of Governors in Calgary, Alberta, August 28-29, 1992.
4. Elections will be required as indicated in the appended table. The list of nominees with biographical information is appended and comprises part of this report.
5. The Call for Nominations and the nomination form are appended.

APPENDIX I

APPENDIX II

RESOLVED:

- 92.57** **THAT one ballot be cast to elect those candidates to offices and vacancies where no opposition exists.**

ADOPTED

6. Scrutineers will be appointed regarding the required elections; a motion from the floor will be required.

RESOLVED:

- 92.58** **THAT Dr. Bruno Martinello, Executive Director, Alberta Dental Association, and Mr. Jardine Neilson, Executive Director, Canadian Dental Association, be appointed the scrutineers.**

ADOPTED

Following elections by ballot for the position on the Ethics Committee, the result was Dr. Peter Lobb, Victoria, British Columbia.

Following elections by ballot for the position on the Community and Institutional Dentistry Committee, the result was Dr. Wayne Stegges, Smith Falls, Ontario.

RESOLVED:

- 92.59** **THAT the ballots be destroyed.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. Committees of Executive Council

The Committee reviewed the composition and current membership of Committees of Executive Council. The terms of members of Committees of Executive which require annual appointment could be continued almost indefinitely.

APPENDIX III

The Committee believes that in order for a Council or Committee to thrive, and for the general membership to feel a continuing sense of ownership and involvement, as a general rule, membership on councils or committees should not be extended beyond a maximum of six years.

The Committee on Nominations, Awards and Trusts has identified some areas of concern which have been brought to the attention of Executive Council.

The CDAnet Committee has confirmed its intention to stagger terms of its members in 1993.

Terms of Reference of Committees of Executive Council are to be reviewed annually by the Chairperson and the Executive Liaison.

8. **Corresponding Members**

The list of corresponding members is appended as information.

APPENDIX IV

9. **Honorary Membership**

As quoted in the Terms of Reference, Honorary Membership is the highest award of the Association. Its purpose is to recognize individuals deemed to have made outstanding contributions to the art and science of dentistry, or to the dental profession, over a sustained period of time.

This award may be for service that is provincial, national or international in nature. It should not be viewed as an automatic award, following a great number of years of practice. Due to the distinctive nature of the Honorary Membership award, only in the most unusual circumstances will there be more than one or two awards conferred in any one year. An award each year shall not be considered a requirement.

The request for nominations for Honorary Membership was given a wide circulation including Corporate Members, Deans, Licensing Authorities, Specialty Sections and other dental organizations. In addition the CDA Journal was utilized as a vehicle to promote awareness of the awards process and, where appropriate, solicit nominees.

CDA Executive Council approved the recommendation that Honorary Membership in CDA be conferred on Dr. William McIntosh and Dr. Gordon Nikiforuk.

APPENDIX V

10. Distinguished Service Award

This award may be given to a dentist or other person to recognize either an outstanding contribution in a given year, or outstanding service over a number of years. It may also recognize outstanding contributions to the dental profession at the corporate level, specialty society, council or committee level. An award each year shall not be considered a requirement.

The request for nominations for the Distinguished Service Award was given a wide circulation including Corporate Members, Deans, Licensing Authorities, Specialty Sections and other dental organizations.

Executive Council approved the recommendation that the Distinguished Service Award be granted to: Dr. Michael Cipton, Dr. Pierre-Yves Lamarche, Mr. Ross McIntyre and Dr. Donald Woodside.

APPENDIX VI**11. Award of Merit**

This award will be conferred upon an individual CDA member who has served in an outstanding capacity in the governing of the Canadian Dental Association or similar outstanding contribution to Canadian Dentistry, such as:

- at least 2 full terms as governor of the Association;
- at least 2 full terms on the Executive Council;
- a number of years of service to any dental organization or specialty sector;
- at least 4 years as a Council/Committee Chairman

The request for nominations for the Award of Merit was given a wide circulation including Corporate Members, Licensing Authorities, Speciality Sections and other dental organizations.

Executive Council granted the Award of Merit to: Dr. Ralph Barolet, Dr. William Bedford, Dr. Pierre Dow, Dr. Ronald Smith and Dr. Jack Thompson.

APPENDIX VII

12. **Certificate of Merit**

The Certificate of Merit recognizes any special service at any level of dentistry within the country. In general, it will be reserved for dentists and other persons who have given at least one full term of service in such areas as Councils/Committees of the Association, or long standing service at the corporate or specialty society level. An award each year shall not be considered a requirement.

Executive Council granted Certificates of Merit to: Dr. James Brookfield, Dr. Toby Gushue, Dr. Ronald Hill, Dr. William Rosebush, Dr. Ben Saik, Dr. Eckart Schroeter, and Dr. Sam Sgro.

13. **CDA President's Award**

The list of recipients of the 1992 CDA President's Award is appended.

APPENDIX VIII

14. **CEO's Candidacy - CDA Awards**

Provincial associations and licensing bodies were canvassed for appropriate nominations for provincial CEOs.

APPENDIX IX

15. **Special Friend of Canadian Dentistry Award**

The Special Friend of Canadian Dentistry Award is designed in appreciation and thanks for friendship and assistance to the CDA.

No individual is recommended for this year.

16. **Appreciation**

The Committee on Nominations, Awards and Trusts thanks the Corporate bodies for submitting nominees and continues to recommend that the provincial bodies be encouraged to recognize nominees through provincial awards.

17. Canada Volunteer Award

The 1991 Committee submitted Dr. Robert Brandon's name to Health and Welfare Canada for consideration for the Canada Volunteer Award.

Correspondence has been received from Health and Welfare indicating that Dr. Brandon's name is being considered, and the CDA will be informed once a final decision is made.

18. Women and visible minorities on CDA Councils/Committees

There is concern that there is a lack of representation from women and visible minorities on CDA Councils, Committees and the Board of Governors. This is also apparent at the Provincial level.

It is felt that to some extent, this situation will improve through a normal evolution process. Where there is latitude in the appointment process it will be borne in mind, in conjunction with the concept of best meeting the needs of the Association. Also it is recommended that provincial associations recognize individuals from these groups who show an interest in organized Dentistry and have the required skills, and encourage their involvement.

Respectfully submitted,

Bernard Dolansky, B.A., D.D.S., M.S.
Chairman, Committee on
Nominations, Awards and Trusts

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Nominations, Awards and Trusts.

NOMINATIONS - CDA ELECTIVE OFFICES - 1991

<u>OFFICE\INCUMBENT</u>	<u>COMMENT</u>	<u>ELIGIBILITY</u>	<u>TERM</u>	<u>NOMINEES\AFFILIATIONS</u>
<u>Chairman of the Board</u>				
Dr. N.A. Mancini	Annual Election	Active or Honorary Member	1 year	1. Dr. N.A. Mancini (Ont.)
<u>Vice-President</u>				
Dr. R. Wenn (PEI)	Annual Election	Member of the CDA Board of Governors	1 year	1. Dr. B. Sigfstead (Alta.)
<u>Executive Council</u>				
Dr. J. Brookfield (Ont) 1992 (1) Dr. R. Smith (BC) 1992 (1)	Annual Election	Member of the CDA Board of Governors	2 years	1. Dr. J. Brookfield, (Ont.) 2. Dr. J. Diggins, (B.C.)
<u>Constitution and Bylaws</u>				
Dr. G.H. Peacock (Sask) 1992 Dr. J. Silver (BC) 1992 (1)	Annual Election	CDA Member with stipulations	3 years	1. Dr. J. Silver, (B.C.) 2. Dr. L. Stone, (Alta.)
<u>Council on Education</u>				
Dr. H. Lyttle (Man\ACFD) 1992 (1) Dr. R. Baker (Man\NDEB) 1991 (1)	Annual Election to fill expired terms	CDA Member with stipulations	3 years	1. Dr. H. Lyttle, (Man\ACFD) 2. Dr. R. Baker, (Man\NDEB)
<u>Ethics Committee</u>				
Dr. M. Deyette, (Ont) Dr. B. Rocky (B.C.) 1992 (2)	Annual Election	CDA Member with stipulations to fill expired terms	3 years	1. Col. M. Deyette (Ont.) 2. Dr. I. Bennett, (B.C.)* Dr. P. Lobb, (B.C.)*
<u>Community & Institutional Dentistry</u>				
Dr. J. Gryfe (Ont) O. & M. Surg.) 1992 (1) Dr. W. Steggles (Ont\G.P. 1992 (1) Dr. N. Farrell (Ont\Pub. Health) 1992 (1) Mrs. C. Worobey (Ont\Dent. Aux) 1992 (1)	Annual Election to fill expired terms	CDA Member with stipulations	3 years	1. Dr. D. Chmiliar (Man\O. & M. Surg.) 2. Dr. W. Steggles, (Ont.\G.P.)* Dr. B. Osborne, (B.C.\G.P.)* 3. Dr. N. Farrell, (Ont.\Pub. Health) 4. Ms. J. Smorang (Alta.\Dent. Aux)

* Election required

BIOGRAPHICAL INFORMATION - Chairman of the Board

NAME: Nicholas A. Mancini

ADDRESS: 2188 King Street East
Hamilton, Ontario
L8K 1W6

DATE\PLACE OF BIRTH: April 23, 1922, Hamilton, Ontario

PERSONAL Married - Josephine, October 10, 1949
3 sons, Michael Gerard, Nicholas Anthony Jr.,
John Patrick

EDUCATION: Elementary - St. Ann's School, Hamilton
Secondary - Cathedral High School, Hamilton
B.A. (Chem. Physics, Biology) University of Toronto
D.D.S. - University of Buffalo

EXPERIENCE: Served on original Foundation Committee for the
Hamilton Theatre Auditorium Centre
Served on Hamilton Urban Renewal Committee
Served on Staff of Hamilton Civic Hospitals
Served on Board of Governors of Hamilton
Civic Hospitals
Served Board of Directors of Social Planning and
Research Council
Past Chairman, Ontario Separate School Trustees Assn
Past Chairman, Canadian Catholic School Trustees Assn
Past Chairman, Hamilton-Wentworth Roman Catholic
Separate School Board
School Trustee and Chairman of Education Committee
Board of Directors, O.S.T.C.
Dominion Council of Health
Past President, Hamilton Academy of Dentistry
Past Grand Knight, Knights of Columbus, Hamilton
Member, Cdn Academy of Prosthodontists
Presently, Chairman, Board of Governors, ODA
Presently, Chairman, Board of Governors, CDA
Presently, Chairman of the Board, CDSPI

AWARDS: Accorded Papal Honor (Knighthood) Knight of St. Gregory
Barnabus Day Award (O.D.A)
CDA Honorary Membership

BIOGRAPHICAL INFORMATION - Vice-President

NAME: Bryun Sigfstead

ADDRESS: 206 - 596 River Bend Square
Edmonton, Alberta
T6R 2E3

DATE AND PLACE OF

BIRTH: August 8th, 1944
Rose Valley, Saskatchewan

EDUCATION: University of Alberta - 1967 - D.D.S.
University of Alberta - 1973 - Orthodontic Diploma

PRACTICE: Private Practice - Orthodontics - 1973-Present

EXPERIENCE: Executive Council - Cdn Dental Assn - 1987-present
Governor - Cdn Dental Assn - 1987 - present
President - Alberta Dental Assn - 1984-85
Board Member - Alberta Dental Assn - 1978-85
President - Western Cda Orthodontic Society - 1978-79
President - Alberta Orthodontic Society - 1978-79
President - Edmonton District Dental Society 1977-78
Former Director - United Way Community Fund, Edmonton
Head of Professional Division Fund Raising Drive - United Way
Community Fund
University of Alberta Alumni Council - present time

ORGANIZATIONS: Edmonton & District Dental Society
Alberta Orthodontic Society
Alberta Dental Association
Western Canada Orthodontic Society
Canadian Dental Association
Pierre Fauchard Academy

FAMILY: Wife Diana - 3 sons

INTERESTS: Skiing, Squash, Reading, Curling, Sailing, Biking

BIOGRAPHICAL INFORMATION - Executive Council

NAME: James R. Brookfield

ADDRESS: 58 Government Road West
Kirkland Lake, Ontario P2N 2E4

DATE OF BIRTH: March 12, 1947

PRACTICE: Private dental practice since 1971, Kirkland Lake,
Group practice with 5 dentists and 16 staff

**EDUCATION/
DEGREES:** New Liskeard Secondary School
D.D.S. University of Toronto, 1971

EXPERIENCE: Canadian Dental Association:
Executive Council - 1990 -
Chairman, Committee on Ethics - 1988-1991
Governor - 1985 to 1989, 1990-present
Ontario Dental Association:
Honors & Awards Committee - 1989-present
President, 1987-88
Executive Council, 1979-1989
President, Northern Ontario Dental Association, 1980
Past-President, Kirkland & District Dental Society

ORGANIZATIONS: Canadian Dental Association
Ontario Dental Association
Member, Royal College of Dental Surgeons of Ontario

**COMMUNITY
ACTIVITIES:** Founding Chairman, Kirkland Lake Community Self Help
Committee on drug/alcohol abuse
United Church of Canada Member
Masonic Lodge Member
Past Board Member, Kirkland Lake Chamber of Commerce
Executive Rotary Club of Kirkland Lake for 6 years
(member 15 years)
Kinsmen Club of Kirkland Lake - Past Member
Kirkland Lake Blue Devil Hockey Club - Past Secretary
Treasurer (3 years)

FAMILY: Married to Jane, with 5 children

BIOGRAPHICAL INFORMATION - Executive Council

NAME: John Diggins

ADDRESS: 350, 2425 Oak Street
Vancouver, BC V6H 3S7

**DATE AND PLACE
OF BIRTH:** Vancouver, BC
April 4, 1946

PRACTICE: Private Practice

PERSONAL: Married, with five children

EDUCATION: B.Sc., University of British Columbia 1968
D.M.D., University of British Columbia 1972
M.S.D., University of Washington 1979
F.R.C.D.(C), Royal College of Dentists 1982

EXPERIENCE: College of Dental Surgeons of B.C.:
President 1990 - present
Chairman, Inquiry Council 1985-86
Executive Member 1985 - present
Chief Examiner, Specialty Examination Cmt 1983-84

Governor, Canadian Dental Association 1988 - present
President, British Columbia Society of Endodontists 1985
Consultant, Dental Services for South East Asian
Refugees 1980-82
Member - UBC President's Selection Committee for Dean
of Dentistry 1987-88
Assistant Professor - Department of Oral Medicine and
Surgical Sciences 1987-88
Visiting Staff - Children's Hospital 1988

MEMBERSHIPS: Canadian Dental Association
International College of Prosthodontists
British Columbia Society of Endodontists
Canadian Academy of Endodontists
American Association of Endodontists
Vancouver and District Dental Society

BIOGRAPHICAL INFORMATION - Council on Constitution & By-Laws

NAME: John G. Silver

ADDRESS: UBC, Faculty of Dentistry
2199 Wesbrook Mall
Vancouver, B.C. V6T 1Z7

**POSITION/
PRACTICE:** Associate Professor, Faculty of Dentistry
University of British Columbia
1976-present

EDUCATION: DDS (University of London) 1967
LDSRCS (England) 1967
Dipl. Periodont. (Pennsylvania) 1970
FRCD(C) 1979

EXPERIENCE: Assistant Professor, Faculty of Dentistry
University of British Columbia
1970-1976
Head of Department, Faculty of Dentistry
University of British Columbia
1981-1989

ORGANIZATIONS: Canadian Dental Association
College of Dental Surgeons of B.C.
B.C. Society of Periodontists
Canadian Academy of Periodontology
Dental Specialists Society of B.C.

OTHER: Canadian Dental Foundation, Board of Trustees 1989-present
CDA, Board of Governors 1982-1986
CDA, Council on Constitution and By-Laws 1989-present
College of Dental Surgeons of B.C.
Council 1972-75,
Executive 1978-85
Deputy Treasurer 1979-80
Vice-President 1982-84
President 1984-85

BIOGRAPHICAL INFORMATION - Constitution and Bylaws

NAME: Lynn Stone

ADDRESS: (office) 101, 8230 - 105 Street
Edmonton, Alberta
T6E 5H9

PRACTICE: Private Practice 1977-1991

PERSONAL: Married - seven children

EDUCATION: B.A., Brigham Young University 1964
M.B.A., Brigham Young Univeristy 1966
D.M.D., University of Kentucky, 1977

EXPERIENCE: Member Services Co-ordinator, Alberta Dental Association 1991 -
Assistant Project Director, University of Kentucky, Tobacco and
Health Research Institute 1972-1977
Manager, RCA Computer Systems Division, New Jersey 1966-77

ASSOCIATIONS
VOLUNTEER
WORK

Bishop, ward of Church of Jesus Christ of Latter Day
Saints 1984-90
Board Member, Raymond Housing Authority 1982-83
President, Lethbridge District Dental Society 1981-82

BIOGRAPHICAL INFORMATION - Council on Education

NAME: Helen Ann Lyttle

ADDRESS: University of Manitoba, Faculty of Dentistry
Dept. of Rehabilitative Dental Science

DATE OF BIRTH: February 12, 1942

EDUCATION: Methodist College - Belfast
B.D.S. (1964) Queen's University - Belfast
M.Sc. (in progress) University of Manitoba

PRACTICE: Assistant Professor
University of Manitoba, Faculty of Dentistry,
Dept. of Rehabilitative Dental Science

EXPERIENCE: Private Practice 1964-65
Intern 1965-66 - Dental School (Belfast)
Royal Victoria Hospital (Belfast)
Royal Belfast Hospital for Sick Children
1966-68 - Private Practice, Public Dental
Health (Country Fermanagh)
Part-time appointment: Belfast Dental School
1969-72 - Private Practice (Associate of
Dr. Arthur Schwartz)
1973-75 - Public Dental Health (Winnipeg,
Dr. L. Konyk)
1975-1980 - Private Practice (Associate of
Dr. W. Wilford)
1976-1980 - Part-time appointment:
Faculty of Dentistry, University of Manitoba
1980-present - Full-time appointment:
Faculty of Dentistry, University of Manitoba

ORGANIZATIONS: Canadian Dental Association, Manitoba Dental
Association, Association of Canadian Faculties
of Dentistry, American Association of Dental Schools,
Canadian Academy of Restorative Dentistry, Academy
of Operative Dentistry, Canadian Association for
Dental Research, International Association for
Dental Research, Associated Ferrier Gold Foil
Society, Belfast Dental Students Association:
Vice-President

FAMILY: Married, 3 children born in 1966, 1969 and 1972

BIOGRAPHICAL INFORMATION - Council on Education

NAME: Robert Clarke Baker

ADDRESS: Dept. of Preventive Dental Science
Faculty of Dentistry
University of Manitoba
Winnipeg, Manitoba

DATE OF BIRTH: September 2, 1940

DEGREES: D.M.D. (Hons.) 1963, University of Manitoba
Diploma in Orthodontics, 1967, U. of Toronto

POSITION/PRACTICE: Associate Professor

EXPERIENCE: University of Manitoba:
1963-65 Lecturer - Dept. of Restorative Dentistry
1967-69 Lecturer-Asst. Prof., Dept. of Orthodontics
1980-82 Asst. Prof., Preventive Dental Science
1982-present - Associate Professor - Dept. of Preventive Dental Science
1986-87 - Assoc. Prof. & Acting Head - Dept. of Preventive Dental Science
1982-present - Ortho. Consultant, Cleft Palate Team, Children's Hospital, Winnipeg
1967-present - Orthodontic Specialty Practice

ORGANIZATIONS: Canadian Dental Association
Canadian Association of Orthodontists - Past member of Board of Directors
Manitoba Dental Association: Past-President, Past-Registrar, Past member of Board, Past-Chairman of Spec. Committee., Past member of Continuing Education & Economics Committee
Manitoba Orthodontic Society
American Association of Orthodontists

AWARDS/HONOURS: C.V. Mosby Book Award (Undergrad-3rd year)
Kelvin Dental Group Prize (Undergrad-4th year)
Winnipeg Dental Supply Company Award
Mosby Book Award
Abra-Campbell Prize
Univ. of Manitoba Gold Medal
Election to Imicron Kappa Upsilon

BIOGRAPHICAL INFORMATION - Committee on Ethics

NAME: Morley N. Deyette

ADDRESS: (office) Dental Services School
CFB Borden
Borden, ON
L0M 1C0

PRACTICE: Commandant, Canadian Forces
Dental Services School

EDUCATION: D.D.S., University of Toronto, 1961
Cdn Forces Command and Staff College
Course, 1970

EXPERIENCE: Clinical Assignments in 13 Dental Unit in Petawawa and
London and with 4 Field Dental Company in Soest Germany
Career Manager, PCO/Dent and PCO 7; and Director
Dental Plans and Requirements
Commanding Officer 1, 11 and 13 Dental Units
Director Dental Treatment Services 1985
Queen's Honorary Dental Surgeon 1987
Fellow of the International College of Dentists 1989
Commandant, Canadian Forces Dental Services School 1991

BIOGRAPHICAL INFORMATION - Ethics Committee

NAME: Ian C. Bennett

ADDRESS: (office) Faculty of Dentistry, Dalhousie University
Halifax, NS B3H 3J5

**PLACE
OF BIRTH:** England

EDUCATION: B.D.S. Liverpool University, 1956
D.D.S. University of Toronto, 1959
M.S.D. University of Washington, 1963

EXPERIENCE: Practice in Pediatric Dentistry 1959-1961
Dental Officer - DEW-Line Eastern Arctic 1962
Professor - Pediatric Dentistry Dalhousie 1963
Head of Dental Department - Halifax Children's Hospital
Professor - University of Kentucky 1965 - 1968
Dean - New Jersey Dental School - 1969 - 1976
Dean - Faculty of Dentistry, Dalhousie University 1976 -1986
Teaching and Research - Dalhousie University 1986 -
Executive Director, Canadian Academy of Pediatric Dentistry 1992 -

Member - CDA Committees: DAT, Education

BIOGRAPHICAL INFORMATION - Committee on Ethics

NAME: Peter M. Lobb

ADDRESS: 208-1095 McKenzie Avenue
Victoria, B.C. V8P 2L5

DATE OF BIRTH: June 18, 1951

**POSITION/
PRACTICE:** Private Practice in Vancouver
Practices general dentistry at Royal Jubilee
and Victoria General Hospitals

EDUCATION: B.Sc. (University of Alberta) 1973
DDS (University of Alberta) 1975
(with distinction)

EXPERIENCE: Canadian Forces Dental Services 1975-1981
United Nations Emergency Force in the
Middle East in 1978
Left the military in 1981 with the rank
of Major and in the position of Base Dental
Officer, C.F.B. Esquimalt

ORGANIZATIONS: Canadian Dental Association
College of Dental Surgeons of B.C.
American Dental Association
Victoria & District Dental Society
Academy of General Dentistry and International
Association of Orthodontics

OTHER: Chairman, Ethics Committee of the College of
Dental Surgeons of B.C.
Past-Coordinator, Victoria District Dental Society
Emergency Dental Service
Dental Consultant in General Dentistry to the British
Columbia Cancer Agency

FAMILY: Married, with three children

BIOGRAPHICAL INFORMATION - Community and Institutional Dentistry

NAME: J. David Chimilar, D.M.D., M.R.C.D.(C)

ADDRESS: (office) 306-400 St. Mary Avenue
Winnipeg, Manitoba R3C 4K5

DATE OF BIRTH: August 3, 1951

PRACTICE: Private Practice - Oral and Maxillofacial Surgery

PERSONAL: Married with one child

EDUCATION: University of Manitoba, Faculty of Science 1970
University of Manitoba, Faculty of Dentistry 1975
University of Toronto, Oral and Maxillofacial Surgery
and Anaesthesia 1980

EXPERIENCE: Seven Oak General Hospital - Head of Oral and
Maxillofacial Surgery, Otolaryngology, Plastic and
Reconstructive Surgery 1980 - present
St. Boniface General Hospital - Staff, Department of
Surgery 1980 - present

MEMBERSHIPS: Canadian Dental Association
Manitoba Dental Association
Canadian Association of Oral and Maxillofacial Surgeons
Royal College of Dentists of Canada

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry

NAME: Wayne Steggles

ADDRESS: 34 James Street
Smiths Falls, Ontario
K7A 3R3

EDUCATION: D.D.S. 1972

PRACTICE: Private Practice in Smiths Falls since 1972

EXPERIENCE: Ontario Dental Association:
Chairman & Member, Health Care Committee
Member, Professional Development Committee
Elected Member of ODA Executive

Served all offices in Rideau District Dental Society

Canadian Dental Association:
Member of the Board of Governors

ORGANIZATIONS: Canadian Dental Association

FAMILY: Married, with one child

HOBBIES AND INTERESTS: Several community activities in Smiths Falls, church, sports, community promotion, etc.

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry

NAME:	Barrie E. Osborne	
ADDRESS:	310-255 West 1st Street North Vancouver, B.C. V7M 3G8	
POSITION/ PRACTICE:	1988-present	Private Practice
	1989-present	Staff Member, Faculty of Dentistry Vancouver General Hospital
	1989-present	Part-Time Clinical Instructor Faculty of Dentistry University of B.C.
EDUCATION:	British Columbia Institute of Technology	1970
	Diploma of Technology in Biological Sciences	
	University of B.C.	B.Sc. (PHARM) 1979
	University of B.C.	DMD 1987
	University of B.C.	GPR Completion 1988
EXPERIENCE:	Quality Assurance Manager, Quaker Oats Co. of Canada	1970-75
	Pharmacist, Vancouver General Hospital	1979-83
	Sessional Clinical Instructor Faculty of Pharmaceutical Sciences, University of B.C.	1981-83

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry

NAME: Neil A. Farrell

ADDRESS: Middlesex-London District
Health Unit, 50 King Street
London, Ontario N6A 5L7

EDUCATION: D.D.S. - University of Toronto - 1968
D.D.P.H. - University of Toronto - 1976

PRACTICE: 1968 - 1975
Clinical Dentist - Private Practice and
Salaried Position(s) - Ottawa

EXPERIENCE: 1976 to Present:
Dental Director - Middlesex London Health
Unit (staff of 27)
Responsible for directing 4 dental treatment
clinics employing 5 dentists
Direct preventive dental programs in elementary
schools and Homes for the Aged and Nursing Homes
Part-time appointments Dental Faculty at the
University of Western Ontario and Fanshawe College
- Dental Auxiliary Program

ORGANIZATION: Secretary-Treasurer, Canadian Society of Public
Health Dentists

Past-President of Ontario Society of Public Health
Dentists (twice)

Dental Specialties Committee - CDA

BIOGRAPHICAL INFORMATION - Community and Institutional Dentistry

NAME: Jackie Smorang

ADDRESS: (office) Box 47, Site 6, R.R. #1
Calgary, Alberta
T2P 2G4

EDUCATION: B.A., University of Manitoba, 1971
Dental Hygiene Diploma, University of Manitoba 1975
Adult Education Cert., Red River Community College, 1979
Master of Science in Education, University of
Southern California 1982

EXPERIENCE: Dental Hygienist, Foothills Hospital, Alberta, 1990-
Health Promotion Consultant, Calgary Health Services, 1985-89
Supervisor, Dental Hygienists, Calgary Health Services, 1982-85
Coordinator, Red River Community College, 1979-80

MEMORANDUM

January 10, 1992

TO: Members of the Board of Governors
Presidents and CEO's - Corporate Members
Chairmen - CDA Councils Committees
Presidents and Secretaries of Specialty Sections
ACFD - NDEB - RCD(C)
Provincial Registrars
Presidents - CDHA - CDAA
President - Canadian Hospital Association
Chairman, Commission on Dental Accreditation of Canada

FROM: Dr. Bernard Dolansky, Chairman,
Nominations, Awards and Trusts Committee

SUBJECT: CDA Call for Nominations 1992

-
1. Elections of officers and council, commission and committee personnel for the 1992-93 term will take place during the 1992 Annual Meeting of the Board of Governors in Calgary, Alberta, August 28-29, 1992.
 2. Except in the case of nominations to the Committee on Nominations, Awards and Trusts itself, nominations from the floor during the Annual Meeting will not be valid unless vacancies are created by withdrawals from the list of nominations as presented by the Committee on Nominations, Awards and Trusts. The Board may then make further nominations from the floor.
 3. It is the duty of the Committee on Nominations, Awards and Trusts to:
 - (a) prepare a list of all elective offices to be filled;
 - (b) solicit nominations, excluding those for the Committee on Nominations, Awards and Trusts;
 - (c) rule on eligibility
 - (d) make further nominations as necessary, or as the Committee sees fit,
 - (e) submit a report to the Annual Meeting.

4. Nominations must be received before **April 17, 1992.**
5. Those entitled to make nominations are:
 - Members of the CDA Board of Governors
 - CDA Council/Committee Chairmen
 - Presidents or Secretaries of Corporate Members
 - Presidents or Secretaries of Specialty Sections
6. Nominees to the Council on Education will include recommendations of the:
 - Canadian Dental Association
 - Association of Canadian Faculties of Dentistry
 - National Dental Examining Board of Canada
 - Royal College of Dentists of Canada
 - Provincial Dental Licensing Authorities
 - Council on Accreditation
7. Appointments to the Commission on Dental Accreditation of Canada will include submissions of the:
 - Canadian Dental Association
 - Association of Canadian Faculties of Dentistry
 - National Dental Examining Board
 - Provincial Dental Licensing Authorities
 - Royal College of Dentists of Canada
 - Canadian Dental Assistants Association
 - Canadian Dental Hygienists Association
 - Council on Accreditation
 - Dental Specialties Committee
8. Nominations to the Committee on Community and Institutional Dentistry include a recommendation from the Canadian Hospital Association.
9. All nominations must be accompanied by:
 - (a) Written consent of the nominee.
 - (b) A completed conflict of interest statement by the nominee.

Failure to comply with these two requirements will nullify the nominations.

10. Except for the Executive Council (as otherwise indicated), election to Councils, Commissions and Committees is for a term of three years, renewable once. Members of Councils, Commissions and Committees must be Active, Affiliate, or Student Members of the Canadian Dental Association if they meet membership requirements; those who do not are exempt from the membership requirements. Affiliate members are not eligible for nomination for election to the Executive Council. Student members are not eligible for nomination for election to the Executive Council.

Nominations are not required for the Council on Insurance and Investment for reasons outlined in the following pages.

11. Nominations should be accompanied by a brief one-page biographical sketch of the nominee attached to the nomination form. Please use the form provided limiting your submission to one page. (A sample is included for your information).

**PLEASE FORWARD YOUR NOMINATION(S),
WRITTEN CONSENT OF NOMINEE'S
WILLINGNESS TO STAND FOR OFFICE
AND A BRIEF BIOGRAPHICAL SKETCH
OF EACH NOMINEE TO:**

**Dr. Bernard Dolansky, Chairman
Committee on Nominations, Awards and Trusts
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6**

DEADLINE: APRIL 17, 1992

- c.c. Committee on Nominations, Awards and Trusts
CDA Directors
CDA Information Officer

NOMINATIONS 1992

I. Vice-President

Term: 1 year

Eligibility: Member of the Board of Governors

Incumbent: Dr. R. Wenn, Charlottetown

1. _____

II. Chairman of the Board

Term: Elected annually

Eligibility: Active or Honorary Member (may hold no other elective office during his tenure as Chairman)

Incumbent: Dr. N.A. Mancini, Hamilton
Eligible for re-election

1. _____

III. Executive Council - 10 members

Term: 2 years: renewable twice

Eligibility: Member of the Board of Governors

Incumbents: Dr. L. Allen, President
Dr. B. Dolansky, President-Elect
Dr. R. Wenn, Vice-President
* No Incumbent, Past-President
Dr. R. Smith, British Columbia, 1992 (1)
Dr. B. Sigfstead, Alberta, 1993 (3)
Dr. B. White, Saskatchewan, 1993 (1)
Dr. J. Brookfield, Ontario, 1992 (1)
Dr. B. Dolman, Québec, 1993 (2)
Dr. T. Gushue, Newfoundland, 1993 (1)

* (Past-President serves from Annual Board Meeting until Fall Planning Session)

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Summary:

The Executive Council shall consist of the President, Immediate Past-President, President-Elect, Vice-President and six additional members. The Immediate Past-President serves from the annual meeting of the Board of Governors to the end of the second session of Executive Council. The Vice-President and six additional members shall be elected by the Board of Governors from its membership. The province from which a member is licensed and in which he practises the majority of his dental procedures or administration at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members shall consist of one each from the following regions:

- (a) Province of British Columbia
- (b) Province of Alberta
- (c) Provinces of Saskatchewan - Manitoba
- (d) Province of Ontario
- (e) Province of Québec
- (f) Provinces of New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland.

Dr. Gilles Dubé retired as Past-President at the termination of the 1991 Fall Planning Session.

Drs. Smith and Brookfield are finishing their first terms on Executive Council and are eligible for re-election.

If an incumbent in his non-elective year is elected Vice-President, the uncompleted term will be filled by presidential appointment.

- 2 to be elected: 1. _____ British Columbia
2. _____ Ontario

IV. **Council on Constitution and By-Laws: 4 members**

Term: 3 years: renewable once

Incumbents: Dr. G.H. Peacock, Chairman, Saskatoon, 1988 (3) 1992
 Dr. M. Balfour, Oakville, 1993
 Dr. J. Silver, British Columbia, 1992 (1)
 Dr. G. Turner, Nova Scotia, 1993 (1)

Dr. G.H. Peacock was reappointed Chairman in 1991 for an additional 1 year.

...3

Dr. Schiewe resigned from the Council and by Dr. Mac Balfour was appointed to complete the unexpired term to 1993. Dr. Balfour will be eligible for election at that time.

Dr. J. Silver will compete his first term in 1992 and is eligible for re-election.

1 to be elected: 1. _____

V. **Council on Education: 11 persons**

Term: 3 years: renewable once

Incumbents: Dr. G. Thompson, Chairman, (Alta) (CDA) 1994 (2)
Dr. J. Epstein (BC) (CDA HOSP) 1993 (1)
Dr. H. Lyttle (Man) (ACFD) 1992 (1)
Dr. R. Taché (Que) (ACFD) 1994 (1)
Dr. M. Boyd (BC) (ACFD) 1993 (1)
Ms. S. Sunell (BC) (ACFD/DENT. HYG) 1994 (1)
Ms. M. Symmes (Alta) (ACFD/DENT. ASST) 1994 (2)
Dr. R. Baker (Man) (NDEB) 1992 (1)
Dr. D. Bonang (NS) (LIC. AUTH) 1994 (2)
Dr. J. Main (Ont) (RCDC) 1993 (1)
Miss. D. Wells (Ont) (LAY REP.) 1993 (1)

Summary:

In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person nominated by the Canadian Dental Association.
- (2) One person who is active in Hospital and/or Institutional Dentistry nominated by the Canadian Dental Association.
- (3) Three persons from nominations by the Association of Canadian Faculties of Dentistry.
- (4) One person, being a dental hygienist, from nominations of the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section.
- (5) One person, being a dental assistant, from nominations of the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section.
- (6) One person from nominations by the National Dental Examining Board of Canada.
- (7) One person from nominations of the Provincial Dental Licensing Authorities.
- (8) One person from nominations by the Royal College of Dentists of Canada.
- (9) One lay person from nominations of the Council on Accreditation.

...4

In accordance with Board resolution number 91.104 the first terms of Drs. Boyd, Epstein, and Main were extended for one year to 1993, with the approval of their nominators.

Council members Lyttle and Baker are finishing their first terms and are eligible for re-election.

- 2 to be elected: 1. _____ ACFD
 2. _____ NDEB

VI. Commission on Dental Accreditation of Canada: 15 members

Term: Chairman: 2 years renewable once
 Members: 3 years renewable once

Incumbents: Dr. R. Brooke, Chairman, (Ont) (ACFD/DEANS) 1993 (1)
 Dr. K. Roach, (Ont) (CDA) 1993 (1)
 Dr. D.J. Murphy, (NS) (CDA HOSP. INST. DENT.) 1993 (1)
 Dr. H. Dick, (Alta) (ACFD) 1993 (1)
 Dr. D. Robert, (PQ) (ACFD) 1993 (1)
 Ms. S. Sunell, (BC) (ACFD/AUXIL.) 1993 (1)
 Dr. K. Bentley, (PQ) (NDEB) 1993 (1)
 Dr. P.A. Watson (Ont) (NDEB) 1993 (1)
 Dr. B.E. Leroy, (Alta) (LIC. AUTH.) 1993 (1)
 Dr. M. Lasko, (Man) (LIC. AUTH.) 1993 (1)
 Dr. G. Maranda, (PQ) (RCDC) 1992 (1)
 Mrs. M. Paquin, (BC) 1993 (1)
 Ms. M. Forgay, (NS) (CDHA) 1993 (1)
 Dr. R. Pass, (Ont) (DENT. SPEC.) 1993 (1)
 Miss. Donna Wells, (Ont) (LAY PER.) 1993 (1)

...5

Summary:

In electing the membership of the Commission, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and/or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section
- (5) Two persons appointed by the National Dental Examining Board of Canada
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) One person appointed by the Canadian Dental Association's Committee on Dental Specialties
- (11) A lay person appointed by the Council on Accreditation

Dr. R. Brooke's appointment was ratified by the CDA President in 1991.

Originally all first terms of the above listed positions were to end in 1992 with the exception of the Dental Specialties Committee and the Consumer representatives who were appointed to the Commission in 1990.

In order to provide continuity on the Commission its Nominations Sub-Committee has proposed that the first terms of all positions on the Commission be extended to 1993 and further proposed staggered second terms. All nominating bodies have been contacted to request approval on these issues. All have agreed with the exception of the RCDC and the CDA Dental Specialties Committee. These bodies have indicated that they would respond no later than April 1992.

The manner in which the second terms are to be staggered will be reported in the 1993 Call for Nominations.

The CDA Nominations, Awards and Trusts Committee has reviewed and approved the manner in which the Commission has addressed the staggering of terms.

Based on the responses received as of this date
no elections are required.

Should the RCDC not agree to the first term extension the following election would be required:

1. _____

RCDC

...6

VII. Committee on Ethics: 5 members

Term: 3 years: renewable once

Incumbents: Col. M. Deyette, Chairman, Borden, 1992 (1)
Dr. B. Creaser, New Germany, 1993 (2)
Dr. B.N. Rocky, Vancouver, 1992 (2)
Dr. Leroy, Edmonton, 1994 (1)

Summary:

Dr. Brookfield resigned in 1991 and Col. Deyette was appointed to the chair by the President. A nomination is required to fill the vacancy created by Dr. Brookfield's resignation.

Dr. Rocky is finishing his second and final term and a nomination is required.

2 to be elected: 1. _____

2. _____

VIII. Council on Insurance and Investment

The Canadian Dental Association has delegated to the Canadian Dental Service Plans Inc. the function of the Council on Insurance and Investment as a result of an agreement between the two organizations. This agreement is to be reviewed annually by the Board of Governors of the Canadian Dental Association and the Canadian Dental Service Plans Inc.

None to be elected.

IX. Committee on Community and Institutional Dentistry: 8 members

Term: 3 years: renewable once

Incumbents: Dr. J. Gryfe, Chairman, (Ont) (O. & M. SURG.) 1992 (1)
Dr. T. Petty, (AB) (G.P.) 1994 (1)
Dr. W. Steggles, (Ont) (G.P.) 1992 (1)
Dr. N. Farrell, (Ont) (PUB. HEALTH) 1992 (1)
Dr. G. Smith, (NF) (PEDIATRIC) 1994 (2)
Mrs. C. Worobey, (Ont) (DENT. AUX) 1992 (1)
Ms. Carol Clemenhausen, (Ont) (CDN HOSP. ASSN) 1994 (2)
Dr. J. Hardie, (BC) (OR. BIOL./PATHO.) 1994 (2)

...7

Summary:

The Committee on Community and Institutional Dentistry shall reflect in its composition, representation of the major geographic regions of Canada, and will comprise 2 general dental practitioners, 1 oral and maxillofacial surgeon, 1 oral pathologist/oral biologist, 1 representative of public health dentistry, 1 representative of pediatric dentistry, 1 representative of dental auxiliaries, and 1 representative of the Canadian Hospital Association.

Drs. Gryfe, Steggles, and Farrell and Mrs. Worobey are finishing their first terms and are eligible for re-election.

- 4 to be elected: 1. _____ O. & M. SURG.
 2. _____ G.P.
 3. _____ PUB. HEALTH
 4. _____ DENT. AUX

X. Committee on Nominations, Awards and Trusts: 4 members

Term: 3 years

Incumbents: Dr. B. Dolansky, Chairman, Ottawa, 1992 (2)
 Dr. J.W. Niedermayer, Regina, 1993
 Dr. R.J. Markey, Vancouver, 1992
 Dr. K. Roach, Pembroke, 1994

Summary:

The Committee on Nominations, Awards and Trusts shall consist of three members elected by the Board at its Annual Meeting, pursuant to Article X, Section 6 of the By-laws, together with the Vice-President who acts as Chairman. The membership should be geographically representative of the Association and shall include one or more Past-Presidents.

Dr. Dolansky, President-Elect was appointed by the President as Chairman for one additional year

Dr. Markey will finish his term in 1992 and a nomination from the floor is required.

- 1 to be elected: 1. _____

NOMINATIONS FORM - CDA

One form must be completed for each candidate. Candidates must be eligible to assume office if elected (see conflict of interest by-law on reverse of this form, and specific regional or other stipulations for nominations on the attached memorandum).

PLEASE CHECK OR COMPLETE ONE OF THE FOLLOWING:

Nominations for: Chairman of the Board _____
 Vice-President _____
 Executive Council _____
 Council/Committee on _____

* NOTE: Affiliate members are not eligible for nomination to the Executive Council.
 Student members are not eligible for nominations to the Executive Council.

PLEASE PRINT OR TYPE THE FOLLOWING:

Candidate's Name: _____

Candidate's Address: _____

Postal Code: _____

A brief one page biographical sketch must be attached to nominations.

In accordance with the stipulations of the Constitution as to regional or other representation, and, as to my entitlement to make nominations, I propose the above candidate for nomination.

PLEASE PRINT OR TYPE THE FOLLOWING

Nominator: _____ Office/Position: _____

Signature: _____

** NOTE: Please notify the candidate's provincial association identifying the candidate and the office, council or committee to which he/she has been nominated.

ACCORDING TO ARTICLE XXI SECTION I OF THE CONSTITUTION, THE FOLLOWING APPLIES:

CONFLICT OF INTEREST

- (a) Every member of the Board of Governors of the Association who has directly or indirectly any interest in any contract or transaction or in any business or undertaking which provides dental supplies or services of any kind to the dental profession, shall declare his material interest in the foregoing. He then will absent himself from discussion and voting on such contract or transaction.
- (b) If a Governor has made a declaration in compliance with the above provisions and he has not voted in respect of the contract or transaction, and if he has acted honestly and in good faith, he is not accountable to the Association for any profit or gain realized and the contract or transaction is not voided.
- (c) The above provisions apply automatically to the members of the various Commissions, Committees, and Councils of the Association, including the Executive Council. Each Board and/or Council, Commission or Committee member in order to make sufficient disclosure, is required to do so not only to his Council, etc., members but also to the Board of Governors in writing.
- (d) All nominees for election or appointment to Councils, Commissions or Committees of the Association, including the Executive Council shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.
- (e) That, of itself, being a trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.
- (f) A conflict of interest shall exist where a member of the Board of the CDA or any of its Councils, Commissions and Committees is privy to information that could be construed to be confidential and of benefit to that individual or any organization with which he may be associated. In such situations such a member shall be required to give an undertaking that such information be kept confidential.
- (g) The Board shall be the final authority on any disputed conflict of interest.

Article XXI Section I of the Constitution appears on page two of this nomination form. This Article deals with possible potential conflicts of interest.

NOMINEE WILL PLEASE INITIAL ONE OF THE FOLLOWING:

- (a) I have no known possible potential conflict of interest _____
- (b) I have possible conflict of interest _____

(if (b) please explain potential conflict on the reverse of this form)

I agree to permit my nomination and qualify by Active _____ Affiliate _____
Student _____ Membership in the CDA Membership in _____
_____ (Corporate Member).

I agree to permit my nomination; I am not eligible for membership in CDA in the above categories _____ .

NAME OF ORGANIZATION RECOMMENDING THIS NOMINATION

SIGNATURE OF NOMINEE _____

PLEASE INDICATE BELOW ANY POSSIBLE POTENTIAL CONFLICT OF INTEREST:

Return this completed form by **April 17, 1992**, to:

**Dr. Bernard Dolansky, Chairman
Committee on Nominations, Awards and Trusts
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6**

CDA COMMITTEES OF EXECUTIVE COUNCIL

1. CDAnet Committee - 6 members

Term: 2 years: renewable 3 times

Eligibility: Special qualifications required

Incumbents: Dr. D. MacFarlane, Vancouver - Chairman 1993 (2)
 Dr. R. Balfour, Oakville 1993 (2)
 Dr. R. Bailey, Victoria 1992 (1)
 Dr. L. Dugal, Calgary 1993 (2)
 Dr. B. Glave, Aurora 1993 (2)
 Dr. T. Gushue, St. John's 1993 (2)
 Dr. D. Gutkin, Winnipeg 1993 (2)

In a memo to the Chairman of the Nominations, Awards and Trusts Committee the CDAnet Committee has requested that all member terms be extended one year to allow for continuity. The Committee will then stagger member terms at their next meeting.

2. Consumer Product Recognition - 6 members

Term: renewable annually

Eligibility: Special qualifications required

Incumbents: Dr. M. Eggert, Edmonton - Chairman 1992 (5)
 Dr. H. Limeback, Toronto 1992 (5)
 Dr. W.B. Chapple, Port Hope 1992 (12)
 Dr. E.C.S. Chan, Montreal 1992 (4)
 Dr. H.S. Sandhu, London 1992 (4)
 Dr. D. Haas, Toronto, 1992 (2)
 Dr. M. Akoury, (observer - Health & Welfare Canada)

° Number in brackets indicates number of years service

/...2

3. Convention Committee - General Chairman
- Members (local arrangements support)

Term: Annually appointed (Chairman)

Eligibility: Special qualifications required

Incumbents: Dr. M. Jahjah, Montreal - Chairman 1987

4. Dental Materials and Devices - 7 members

Term: renewable annually

Eligibility: Special qualifications required

Incumbents: Dr. R.Y. Barolet, Montreal - Chairman 1992 (15)
Dr. P. Desautels, Montreal 1992 (15)
Dr. L. Johnson, London 1992 (15)
Dr. D. Jones, Halifax 1992 (14)
Dr. R. Roydhouse, Vancouver 1992 (9)
Dr. D. Smith, Toronto 1992 (15)
Dr. P.T. Williams, Winnipeg 1992 (14)
Dr. A. Chawla, (observer, Health & Welfare Canada)
Dr. S. Chander, (observer, Bureau of Radiation and
Medical Devices)
Dr. E. Létourneau, (observer, Bureau of Radiation and
Medical Devices)
Mr. G. Jarvis, (observer, Pres-Elect. DIAC)
Ms. L. Leinan, (observer, Dept. of Industry Science
and Technology)

° Number in brackets indicates number of years service.

/...3

5. Communications Steering Committee - 5 members

- Term: Chairman - 2 years: non renewable
Members - TBD
- Eligibility: 1 member of Management
4 members of Executive Council
- Incumbent: Dr. R. Wenn, Charlottetown - Chairman 1992 (1)
Dr. B. Dolman, Montreal 1992 (1)
Dr. B. Sigfstead, Edmonton 1992 (2)
Dr. R. Smith, Duncan 1992 (2)

° Number in brackets indicates number of years service.

Ad-Hoc Membership Services - 4 members

- Term: Executive Council Members (Incumbents)
Other 2 years: renewable once
- Eligibility: Mandatory province representation, Quebec and Ontario Executive Council member, and a recent graduate from a Canadian dental school.
- Incumbent: Dr. B. Dolman, Montreal, Chairman 1993 (1)
Dr. K. Hockley, Windsor 1993 (1)
Dr. G. Austman, Steinback 1993 (1)
Dr. J. Brookfield, Kirkland Lake 1992 (1)

° Number in brackets indicates term number

/...4

6. Dental Specialties - 10 members

Term: 3 years: renewable once

Eligibility: representative from CDA recognized specialty sections

Incumbent: Dr. I. Vogan, Chairman CAP 1993 (1)
Dr. J. Phillips, CAE 1993 (2)
Dr. D. Precious, CAOMS 1992 (2)
Dr. C. Price, CAOR 1993 (2)
Dr. N. Farrell, CSPHD 1994 (1)
Dr. E.H. Yen, CAO 1992 (1)
Dr. V. Legault, CAPD 1994 (2)
Dr. R. Fischer, APC 1993 (1)
Dr. J. McComb, CAOP & RCDC (Observer) 1994 (1)

° Number in brackets indicates term number

7. Government Relations - 2 members

Term: 3 years: renewable once

Incumbents: Dr. R. Wenn, Chairman 1994 (1)
Dr. E. MacSween, Ottawa 1993 (2)

Sub-Committee on Medical Services Branch (Ad Hoc):

Dr. R. Wenn, Chairman
Dr. R. Thordarson
Dr. E. MacSween

Sub-Committee Canadian International Development Agency:

Dr. R. Wenn, Chairman

/...5

8. Taxation - 3 members

Term: renewable annually

Eligibility: Expertise required

Incumbents: Dr. R.N. Hicks, Chairman 1992 (13)
Dr. R. Wenn, Charlottetown 1992 (1)
Dr. E. MacSween, Ottawa 1992 (5)

Summary: The members of the Government Relations Committee, shall also be the members of the Taxation Committee.

° Number in brackets indicates number of years service

9. Third Party Dental Plans - 4 members

Term: 2 years: 3 renewals

Eligibility: Special interests and qualifications

Incumbents: Dr. L. Dugal, Calgary, Chairman 1992 (1)
Dr. D. Anderson, Windsor, 1992 (1)
Dr. D. Tobias, Vancouver, 1993 (1)
Dr. A. W. Dean, New Waterford, 1993 (2)

NOTE: All Chairperson positions are subject to annual appointment or re-appointment by the President. Vacancies occurring during the year are filled by Presidential appointment in consultation with the Chairperson.

01/92

APPENDIX IV

CORRESPONDING MEMBERS

Ethics Committee

B.D. Barrett, Prince Edward Island
G.H. Peacock, Saskatchewan

Community and Institutional Dentistry

C. Jack, Prince Edward Island
R.E. McDermott, Saskatchewan

Information Services Committee

P.H. Downing, Nova Scotia
K.I. Hamilton, Saskatchewan
D. Richardson, Prince Edward Island

Membership Services Committee

P. Creighan, Prince Edward Island
R.B. Morean, Nova Scotia
G.H. Peacock, Saskatchewan

Third Party Dental Plans Committee

M. Connolly, Prince Edward Island
L. Dugal, Alberta
A. Dean, Nova Scotia
F. Gaudet, New Brunswick
K. Hamilton, Saskatchewan
M. Killoran, Ontario
D. Lauriente, British Columbia
G. McDonald, Newfoundland
R. McIntyre, Manitoba

BIOGRAPHICAL INFORMATION - Honorary Membership

NAME: William McIntosh, D.D.S., M.Sc.D.

ADDRESS: 61 St. Clair Avenue West, Apt. 802
Toronto, Ontario M4V 2Y8

DATE AND PLACE OF BIRTH: Hanley, Saskatchewan
December 1, 1915

PERSONAL: Married with two daughters, one son

EDUCATION: D.D.S., University of Toronto 1937
M.Sc.D., University of Toronto 1957
F.R.C.D. (C) 1966
A.O.C.A. 1984

HONOURARY DEGREES: F.A.C.D. 1967
L.L.D. University of Saskatchewan 1972
D.Sc. McGill University 1980

EXPERIENCE: General Practice in Trenton, Oshawa, Toronto 1937-42
Part-time demonstrator in Periodontics, Faculty of Dentistry, University of Toronto 1938-42
Major, Royal Cdn Dental Corps 1942-46
Practice in Periodontics, Toronto 1946-64
Associate Prof., Periodontology, Univ. of Toronto 1946-64
Consultant in Periodontics:
Sunnybrook Hospital, Toronto 1955-64
Hospital for Sick Children 1955-64
Numerous clinics and postgraduate lectures in Canada, United States and Europe

MEMBERSHIPS: Canadian Dental Association
Ontario Dental Association
Toronto Academy of Dentistry
Ontario Society of Periodontists
American Academy of Periodontology

HONOURARY MEMBERSHIPS: Cdn Academy of Periodontology
American Dental Association
British Dental Association
List of Honor - Federation Dentaire Internationale
Alpha Omega International Dental Fraternity

BIOGRAPHICAL INFORMATION - Honorary Membership

NAME: Gordon Nikiforuk, D.D.S., M.Sc.

ADDRESS: 99 Vanderhoof Avenue
Toronto, Ontario M4G 2H6

DATE AND PLACE OF BIRTH: Redfield Saskatchewan, November 2, 1922

PERSONAL: Married with two children

EDUCATION: D.D.S., University of Toronto, 1947
M.Sc., University of Illinois, 1950

EMPLOYMENT: Associate Prof. of Preventive Dentistry, Univ. of Toronto 1950-56
Prof., Dept. of Preventive Dentistry, Univ. of Toronto 1956-64
Regional Editor, Archives of Oral Biology, 1966-68
Acting Dean, UCLA School of Dentistry, 1968-69
Dean, Faculty of Dentistry, Univ. of Toronto, 1970-77
Professor, Dept. of Preventive Dentistry, Univ. of Toronto 1970 -
Senior Staff Dentist, Hospital for Sick Children, 1970 -

EXPERIENCE: Chairman, Research Committee, ACFD 1980-82
President, Cdn Assn for Dental Research 1982-84
Member, RCDC Council, 1984
President, Royal College of Dental Surgeons 1987

MEMBERSHIPS: International Association of Dental Research
Canadian Dental Association
Canadian Society of Dentistry for Children
Ontario Dental Association
Academy of Dentistry, Toronto

AWARDS: Thompson and Seccombe Prize, Univ. of Toronto
Honorary Life-Membership, Canadian Society of Dentistry
for Children
Astra Prize in Child Dental Health

BIOGRAPHICAL INFORMATION - Distinguished Service Award

NAME: Michael Crompton

ADDRESS: 567 St. George Street
Moncton, NB E1E 2B9

PRACTICE: Private Practice in Orthodontics

PERSONAL: Married with four children

EDUCATION: D.D.S., McGill University, 1957
Dip. in Orthodontics, University of Montreal, 1961

EXPERIENCE: Past President - Cdn Dental Association, 1976
Past President - New Brunswick Dental Society 1980
Past President - Cdn Association of Orthodontics 1981
Past President - Royal College of Dentists of Cda 1985-87
Member - National Dental Examining Board 1970-75
Past Chairman - CDA Council on Education

MEMBERSHIPS: Moncton Dental Society
New Brunswick Dental Society
Canadian Dental Association
Canadian Association of Orthodontics
Northeastern Association of Orthodontics
American Association of Orthodontics

FELLOWSHIPS: Royal College of Dentists of Canada, 1967
International College of Dentists, 1978
American College of Dentists, 1985
Academy of Dentistry International, 1985

BIOGRAPHICAL INFORMATION - Distinguished Service Award

NAME: Pierre-Yves Lamarche

ADDRESS: 1175 Montpellier Street
Laval, Quebec H7E 3C8

DATE OF BIRTH: January 20, 1930

PERSONAL: Married

EDUCATION: B.A., André Grasset College 1952
D.D.S., University of Montreal, 1957

EXPERIENCE: Full-time Private Practice 1957-65
Part-time Practice in Oral Surgery 1965-74

Sainte-Jeanne D'Arc Hospital:

Assistant to Executive Director 1965-67

Assistant Executive Director 1967-69

Director of Services 1969-74

Member, Council of Doctors and Dentists

Order of Dentists of Quebec:

Assistant Secretary 1974-76

Executive Director 1976-present

Hospital Services Committee, College of Dental
Surgeons of Quebec

Secretary, Association of Dental Surgeons of Quebec

President, Association of Dental Surgeons of Quebec

MEMBERSHIPS: Canadian Dental Association
Association of Hospital Administrators
Royal Society of Health, London
Fellow, International College of Dentists

BIOGRAPHICAL INFORMATION - Distinguished Service Award

NAME: Ross McIntyre

ADDRESS: (office) 137 Montrose Street
Winnipeg, MN R3M 3L8

PERSONAL: Married with three children

EDUCATION: B.A. - University of Manitoba 1964

EXPERIENCE: Executive Director, Secretary Treasurer -
Manitoba Dental Association 1968-present
Treasurer - Winnipeg Dental Society
Treasurer - Western Cdn Dental Society 1972-present

MEMBERSHIPS: Honorary Membership, Omicron Kappa Upsilon Fraternity
Honorary Life Member, Western Cdn Dental Society

AWARDS: Recognition for Sincere and Dedicated Service to
MDA in 1985

BIOGRAPHICAL INFORMATION - Distinguished Service Award

NAME: Donald Woodside

ADDRESS: 6 Maytree Road
Willowdale, ON M2P 1V8

DATE AND PLACE OF BIRTH: April 28, 1927,
Pittsburgh, Pennsylvania

PERSONAL: Married with three sons

PRACTICE: Part-time Practice in Orthodontics 1956-present

EDUCATION: B.Sc., Dalhousie University 1948
D.D.S., Dalhousie, University 1952
M.Sc.(D), University of Toronto, 1956
F.R.C.D. (C), Fellow in the Royal College of
Dentists of Canada, 1966
American Board of Orthodontics Certification 1969

EXPERIENCE: Professor and Head, Department of Orthodontics,
University of Toronto
Associate Dean for Undergraduate Studies, Faculty of
Dentistry, University of Toronto, 1970-1973
Professor and Head, Department of Orthodontics
University of Toronto, 1962-present
Acting Chairman, Department of Orthodontics 1958-59

AWARDS: Honorary Membership, Toronto Orthodontic Study Club, 1985
Charles A. Sweet Memorial Lecture, San Francisco, 1985
Benno E. Lischer Award, Washington University, 1986
Bruce Hord Master Teaching Award, University of Toronto, 1987
McIntyre Memorial Lecture, Canadian Dental Association 1987
Ernest Sheldon Friel Memorial Lecture, European Orthodontic
Congress, 1992

BIOGRAPHICAL INFORMATION - Award of Merit

NAME: Ralph Barolet

ADDRESS: (office) 3640 University Street
Montreal, Quebec H3A 2B2

PERSONAL: Married

EDUCATION: Loyola College, B.Sc. 1952
McGill University, B. Engineering (Chem.) 1954
University of Montreal, D.D.S., 1970
Indiana University, M.S.D., 1972

EXPERIENCE: Dean, Faculty of Dentistry, McGill Univ. 1987-present
Professor, Faculty of Dentistry, McGill Univ. 1987
Professor, Laval Univ. 1982-87
Associate Professor, Laval Univ. 1970-82
Visiting Professor, McGill Univ. 1984-86
Visiting Professor, Université de Rennes 1981
Visiting Professor, Univ. of Alberta, 1981

ASSOCIATIONS: CDA, Dental Material and Devices Committee 1974-present
Deans Committee, ACFD 1988
Organization for International Standardization 1972

FELLOWSHIPS: American College of Dentists, 1989
Pierre Fauchard Academy, 1989
Academy of Dentistry International, 1987
Academy of Dental Materials 1983
International College of Dentists 1981

BIOGRAPHICAL INFORMATION - Award of Merit

NAME: William Bedford

ADDRESS: (office) 5519 Richmond Road
R.R. #7
Nepean, ON
K2H 7V2

EDUCATION: D.D.S., University of Toronto 1958
Diploma in Dental Public Health, University of Toronto 1978

EXPERIENCE: Private Practice 1958-1976
Part-time clinical teacher, Faculty of Dentistry
University of Toronto 1960-1976
Regional Dental Officer, Medical Services Branch
Health and Welfare 1976-1981
Director of Health Support Services (3 year position)
Senior Consultant, Dentistry, Health and Welfare 1981-1991

ASSOCIATIONS: Governor, Canada Dental Association 1982-1991
Consultant to the Standing Commission on Oral Health
Research and Epidemiology, FDI
Member, Working Group on Oral Health Promotion, FDI
Consultant, International Collaborative Oral Health
Development Project, WHO
Chairman, World Chief Dental Officers Meeting,
1988-1991 FDI

BIOGRAPHICAL INFORMATION - Award of Merit

NAME: Pierre Dow

**DATE AND PLACE
OF BIRTH:** April 1, 1923
Geneva, Switzerland

PERSONAL: Married, with four children

PRACTICE: Associate Professor, Faculty of Dentistry
University of British Columbia

EDUCATION: B.Sc. Zoology, Univ. of Washington, 1948
D.D.S., Univ. of Washington, 1952
M.Sc., Anatomy, Univ. of B.C., 1978

EXPERIENCE: Clinical Professor, Univ. of Washington, 1952-67
Private Practice, Vancouver 1967-75
Sessional Lecturer, U.B.C., Endodontics 1975-76
Assoc. Professor, Dept. of Restorative Dent. 1980
Full Professor, Dept. of Restorative Dent. 1985

MEMBERSHIPS: Canadian Academy of Endodontics
Canadian Dental Association
Royal College of Dentists of Canada
College of Dental Surgeons of B.C.
Endodontic Study Club
Vancouver & District Dental Society
Washington State Dental Association
Seattle District Dental Society
American Association of Endodontics
American College of Dentists
American Dental Association
American Society of Dentistry of Children
Federation Dentaire Internationale
International Association of Dental Research

AWARDS: American Association of Endodontics

BIOGRAPHICAL INFORMATION - Award of Merit

NAME: Ronald Smith

ADDRESS: (office) 208-435 Trunk Road
Duncan, BC V9L 2P5

**DATE AND PLACE
OF BIRTH:** Gladstone, Manitoba 1948

PRACTICE: Private Practice

PERSONAL: Married, with two children

EDUCATION: B.Sc., University of Alberta 1972
D.D.S., University of Alberta, 1974

EXPERIENCE: Served five years as a dentist with the Cdn
Armed Forces
President, College of Dental Surgeons of B.C. 1988
Governor, Canadian Dental Association 1987 to present
Member Executive Council, Canadian Dental
Association 1989 - present

MEMBERSHIPS: Canadian Dental Association
College of Dental Surgeons of British Columbia
Fellow of the International College of Dentists

BIOGRAPHICAL INFORMATION - Award of Merit

NAME: Jack G. Thompson

ADDRESS: 79 Neck Road
Rothesay, NB E2G 1K4

**DATE AND PLACE
OF BIRTH:** December 29, 1938
New Glasgow, NS

PERSONAL: Married with three sons

PRACTICE: Private Practice

EDUCATION: D.D.S., Dalhousie University 1965

EXPERIENCE: Military - served Royal Canadian Dental Corps
1965-68 with 6 month posting in Cyprus

ORGANIZATIONS: President, Saint John Dental Society 1973
Saint John Representative, New Brunswick Dental
Society 1969-71
Legal Committee, New Brunswick Dental Society 1969-71
Caribbean Program, Volunteer in St. Lucia 1975
Member Committee on Auxiliaries 1976-77
Executive Director Registrar, New Brunswick Dental
Society 1978 to 1990
CDA Ad Hoc Committee on Licensing Authorities 1982
Chairman, Secretary's Conference 1982

THE CANADIAN DENTAL ASSOCIATION

1992 PRESIDENT'S AWARD

University of Alberta	Karen Hesse
University of British Columbia	William Bruce Marshall
Dalhousie University	Earle Carson
Laval University	Sylvie Jacques
University of Manitoba	Elana Maureen Peikoff
McGill University	Emmanuel Karamanis
University of Montreal	Robert Paquin
University of Saskatchewan	Theodore Skulmoski
University of Toronto	Douglas Hanson
University of Western Ontario	Francine Lo



MEMORANDUM

January 9, 1992

TO: Presidents - Provincial Dental Associations
and Provincial Licensing Bodies

FROM: Dr. Bernard Dolansky, Chairman,
Nominations, Awards and Trusts Committee

SUBJECT: CEO's Candidacy for CDA Awards

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

In 1989, the Executive Council approved a recommendation of the Nominations, Awards and Trusts Committee that future Committees be encouraged to review the contributions made by Provincial and Licensing Bodies - CEO's across Canada and consider such persons for awards as appropriate.

Attached for your consideration are the guidelines for awards of the Canadian Dental Association. I would request that you review these guidelines and consider the submission of nominations as you deem suitable.

It is intended that awards be bestowed at the Annual Meeting of the CDA Board of Governors in Calgary, August 28-29, 1992. As you are no doubt aware, all awards are designated by the Executive Council and it would be appreciated therefore if you would submit your recommendation no later than March 13, 1992.

Attachment

CANADIAN DENTAL ASSOCIATION

A W A R D S

There are four categories of major awards: Honorary Membership, Distinguished Service Award, Award of Merit and Certificate of Merit.

1. Honorary Membership

Honorary Membership is the highest award of the Association. Its purpose is to recognize the individual deemed to have made outstanding contributions to the art and science of dentistry, or to the dental profession, over a sustained period of time. This award may be for service that is provincial, national or international in nature. It should in no way be viewed as an automatic award following a great number of years of practice and/or combination of above. Due to the distinctive nature of the honorary membership award, only in the most unusual circumstances will there be more than one or two awards conferred in any one year. An award each year shall not be considered a requirement.

Nomination

Candidates must be nominated by the Honors and Awards Sub-Committee with input and consultation with the corporate bodies and/or appropriate affiliated organizations. All nominations and supporting documents are to be reviewed by the Honors and Awards Sub-Committee and recommendations referred to the Executive Council.

Format: The Format of this award should be a personalized parchment scroll, and an appropriate lapel medal.

It is proposed that honorary members (if they are licensed dentists) be exempt from payment of the CDA portion of the annual licence fee, but that they retain all of the rights and privileges of an active member. In addition, an honorary member and companion may attend both the scientific and social functions and the annual meetings and conventions held under the auspices of the Association without payment of a registration fee.

Presentation: This award shall be presented at a suitable formal occasion at the annual meeting by the President of the Association.

2. **Distinguished Service Award**

This award may be given to a dentist or other person to recognize either an outstanding contribution in a given year, or outstanding service over a number of years. It may also recognize outstanding contributions to the dental profession at the academic level, corporate level, specialty society, council or committee level, an award each year shall not be considered a requirement.

Nomination

Candidates must be nominated by the Honors and Awards Sub-Committee with input from the consultations with the corporate bodies and/or appropriate affiliated organization. Although it would be normal to present only one distinguished service award in a given year, it should be possible under exceptional circumstances to award more than one distinguished service award in a particular year.

Format: The format of this award shall be an appropriately engraved plaque.

Presentation: This award shall be presented at a suitable formal occasion by the President of the Association.

3. **Award of Merit**

The award will be conferred upon an individual who has served in an outstanding capacity in the governing of the Canadian Dental Association or similar outstanding contributions to Canadian Dentistry.

- at least 2 full terms as governor of the Association;
- at least 2 full terms on the Executive Council;
- a number of years of service to any dental organization, institution or specialty section;
- at least 4 years as a Council/Committee Chairman

A specific number of awards should not be mandatory in any given year. Automatic receipt of this award should not be assumed because of the fulfilment of any or all of the above requirements. An award in this category shall not be considered mandatory on an annual basis.

Nomination

Nominations in this category will be initiated by the Sub-Committee on Nominations, in consultation with various resources available to them.

Format: The format of this award shall be an appropriately engraved wall plaque.

Presentation: The awards will be presented at a suitable formal occasion, depending on the position and location of the recipient of the award. Wherever possible, the President of the Association or his designate will present the award.

4. Certificate of Merit

This award is to recognize any special service at any level of dentistry within the country. In general, it will be reserved for dentists and other persons who have given at least one full term of service in such areas as councils of the Association, or long standing service at the corporate or specialty society level. An award each year shall be considered a requirement.

Nomination

The Honors and Awards Sub-Committee will receive and review the nominations and/or nominate candidates. Nominations, together with any supporting documents, shall be referred to the Executive Council.

Format: The format of this award shall consist of a hand-lettered parchment scroll.

Presentation: The award shall be presented at a suitable formal occasion, depending on the position and location or the recipient of the award. Whenever possible, the President of the Association or his designate shall present the award.

5. **Letter of Appreciation**

A letter of appreciation will be written by the President of the Association to all other contributors at a committee or council level who do not qualify for the other awards by either time or qualifications.

6. **Past-President Award**

To recognize service and contributions as President of the Association

Format: The format shall be a past-president lapel pin and an appropriately engraved plaque.

Presentation: This award shall be presented at an appropriately formal occasion, whenever possible in conjunction with the annual meeting of convention.

OTHER AWARDS

1. **Canadian Fund for Dental Research**

- \$2,000 bi-annually
- To be presented at an official CDA Function
- The recipient is to be funded to present the research paper at the ACFD/CADR Bi-annual meeting, if he/she so desires.
- The recipient is to be funded to attend the CDA Convention in the year in which he/she won the award.

2. **Universities**

CDA President's Award

To be awarded to a graduating student in every dental faculty in the country.

Must be a student CDA Member

Nomination

The winners are to be selected by each Faculty Awards Committee. Each winner is to be a graduating student from the undergraduate program who, over his/her undergraduate years, has shown outstanding qualities of leadership, scholarship, character, and humanity and who may be expected to have a distinguished career in the dental profession and society at large.

This award may be withheld on recommendation of a Faculty Awards Committee in the event there is no sufficiently qualified candidate.

Format: A cheque in the amount of \$250.00 plus a hand-lettered parchment scroll.

Presentation: The award will be presented at a suitable formal occasion, depending on the position and location of the recipient of the award. Wherever possible, the President of the Association or his designate will present the award.

Revised 09/91

COMMITTEE ON STUDENT AFFAIRS

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Mrs. Deborah Cooper-Lall, U. of Alberta, Chairman
Mr. Karim Nanji, U. of Toronto, Student Governor
Dr. Kerim Ozcan, London, Ontario, Past Student Governor
Dr. Nicole Baggs, London, Ontario, Past Chairman
Miss Mahnaz Fatahzadeh, U. of British Columbia
Mr. Rod MacLean, U. of Alberta
Mr. Evan Evans, U. of Saskatchewan
Miss Coula Loumbardias, U. of Manitoba
Mr. Harley Eklove, U. of Toronto
Miss Verona Sulja, U. of Western Ontario
Mr. Pascal Terjanian, U. de Montréal
Mr. Tony Chu, McGill U.
Mr. Richard Cloutier, U. Laval
Mr. Marco Chiarot, Dalhousie U.

Executive Liaison: Dr. Toby Gushue, St. John's, Newfoundland

Senior Staff: Miss Linda Teteruck, Director of Communications

Coordinator: Mrs. Win Mobley

1. Committee Meetings

The Committee has met once since the 1992 Interim Meeting of the Board of Governors, on April 5, 1992, at CDA Headquarters, Ottawa.

ITEMS REQUIRING BOARD ACTION

2. CDA Student Membership

Student membership in the CDA reached 98% in 1991-92, the highest it has been since 1988-89.

Although student membership is at a satisfactory level, the Committee reviewed the area of new grad membership, especially in the voluntary provinces, in an endeavour to assist the CDA Membership Committee in its ongoing attempts to attract this specific group.

It was felt that further efforts should be made to profile CDA, its services and benefits so that student members, at graduation, will have a thorough knowledge of the Association and a stronger affiliation to it. Suggestions included the development of a video on benefits and services, and also to highlight "perk"-type benefits, as these are always attracting.

RESOLVED:

- 92.60** **THAT CDA investigate further effective communication methods whereby benefits of CDA membership can be communicated to dental students and new graduates.**

ADOPTED

In reviewing the student membership policy, the Committee discussed ways in which this program might be improved upon, not only to lower costs involved in its promotion, i.e., the printing of brochures, application forms and membership cards, but also ways to ensure continuous membership of a student throughout the undergraduate years.

It was suggested that a "student membership package" be developed and "sold" to first year dental students. This would include membership for four years (five for the University of Saskatchewan students), with one membership card being issued, plus other benefits traditionally received from CDA during the course of the dental program, such as the Practice Management Manual.

Realizing this would freeze the membership fee for this timeframe, and would possibly entail refunds for reasons of attrition, the Committee approaches the CDA Membership Committee for advice on this proposal.

RESOLVED:

- 92.61** **THAT CDA investigate the possibility of CDA student membership packages being purchased by students upon entrance to dental school, at an appropriate fee, and that this membership be valid until graduation.**

ADOPTED

The Board of Governors directs that this be implemented effective September 1993.

3. **Review of the Structure of the Committee on Student Affairs**

At its August 1991 meeting, the Committee discussed the cost vs effectiveness of holding a spring 1992 meeting. Since a number of issues required further input from members, it was therefore decided a spring meeting was essential.

At that time, the Committee also felt a review of its roles and responsibilities was timely, with a view to incorporating programs and activities directed to fourth year students and new grads.

The Committee also felt the one-year term on the Committee is too short a period of time to provide for continuity on expanded issues. It was suggested that the third year and fourth year representatives could alternate their attendance at CDA meetings to allow greater input and planning of fourth year and new grad activities.

In order to review this and other proposals, it was therefore decided that a subcommittee be established to review the role of the CSA, to ensure the Committee's mandate adequately serves its area of responsibility, with greater emphasis on senior dental students and new grads.

RESOLVED:

92.62 WHEREAS the Committee on Student Affairs proposes to review its current structure and mandate, with particular emphasis on incorporating activities and programs for final year students and new grads within that structure;

Be it resolved:

THAT a subcommittee comprising four representatives, including the CSA Chairman and interested members, selected by the CDA President, be established for this purpose, and report back to the Committee in September 1992.

ADOPTED

4. CDA/CDSPI Grad Dinners

As noted in the last report to the Board, CDA/CDSPI grad dinners, were held this year for students at all ten Canadian dental schools. Feedback from the members of the Committee indicated the generous gesture on the part of the CDA was very much appreciated by the graduating students. Three schools experienced a lower than anticipated attendance, and reasons for this will be given later in this report, together with suggestions from the Committee for the future, if the dinners are held again. However, attendance by students at the remaining schools was between 85% and 100%.

A summary of student comments on the dinners is appended for review. **APPENDIX I**

The Committee feels that due to CDA's ongoing endeavours to improve new grad membership, particularly in the voluntary provinces, the dinners should be held again next year.

RESOLVED:

92.63 That CDA retain its new grad dinners at all ten schools as a forum for the Association, and at the same time supplement its new grad efforts with other programs and services, particularly aimed at this market.

The Board of Governors receives this recommendation as information, and the Executive Council will review the structure and format of the dinners, in light of cost effectiveness.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**5. Association of Canadian Faculties of Dentistry****APPENDIX II**

In order to address areas of student concern at the dental schools, the Committee on Student Affairs is once again using the vehicle of a position paper to address the issue of student/staff relations. While not all schools are experiencing problems in this area, the Committee feels the situation is serious enough at some schools to warrant attention. The issue deals with disrespect, which results in various forms of inappropriate treatment of students by professors.

The Committee is also investigating the possibility of student representation on the local ACFD school committees. Some schools have representation of the student body on these committees, while others do not. Committee members will be liaising with the ACFD Chairpersons to ascertain whether they as the CDA representatives, could also sit on the local ACFD committees.

6. **Welcome to the Profession Receptions**

The Committee notes that while the receptions are well attended at all schools, CDA's message could be more effective if classroom time, prior to the reception, could be arranged so that the CDA speaker to the event, could spend time in a classroom atmosphere to present a more formal overview of the CDA and the importance of membership. This is already being done at some schools, and it is hoped this format can be carried out across the country.

7. **Patient Communication Seminar**

A Communication Seminar, developed by CDA for senior dental students, and funded by the Canadian Fund for Dental Education, was piloted at the University of Toronto on February 13, 1992. The seminar was originally intended for senior students only, however, a response from all students was such that all four years were invited. Sixty students attended the after-class presentation, and the response was enthusiastic. It was recommended that CDA continue with this important service and to extend it to all ten dental schools.

A proposal has been sent to the CFDE to fund this seminar at all ten schools for consideration at their May meeting.

8. **CDA/Dentsply Student Clinician Program**

The Committee on Student Affairs submitted a request to Dentsply International for a review of the eligibility policy for students participating in the Student Clinic Program. The present policy of the clinic program stipulates that clinicians must be undergraduates at the time of presentation and competition at the CDA national convention. Some students feel this policy prevents fourth year students from participating, as they will have graduated at the time of presentation.

Dentsply informed the Committee that this policy had, in fact, been in place in the past, and it was found that selected clinicians who were graduates at the time of presentation, very often did not show up for the competition because of busyness in setting up a practice or post grad studies. This, Dentsply felt, weakened the Program, and also Deans of the non-participating schools were justifiably concerned when their schools were not represented.

Dentsply informed the Committee they would support the CDA in whatever final decision is reached regarding eligibility.

Summary

On behalf of the Committee on Student Affairs, I would like to thank the Canadian Dental Association for providing students with the opportunity to actively participate in organized dentistry, and especially in areas of direct impact on dental students. I would also like to thank the Association for the support and expertise offered through the Executive Liaison, Dr. Toby Gushue, and for the assistance given by Linda Teteruck and Win Mobley.

Respectfully submitted,

Deborah Cooper-Lall
Chairman
Committee on Student Affairs

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Student Affairs.

REVIEW OF THE 1992 CDA/CDSPI GRAD DINNERS

BY THE COMMITTEE ON STUDENT AFFAIRS

The following is an evaluation of the dinners offered to graduating dental students in 1992. These comments are made to assist CDA and CDSPI in planning dinners in the future.

Where attendance was not as high as anticipated, or confirmed, the following reasons were given as a possibility for the low attendance:

- The dinner was not advertised sufficiently.
- Personalized invitations with RSVP cards would help students remember the date.
- Students become blasé about being hosted at this particular time in their dental programs.
- Scheduling - CDA and CDSPI, in consultation with the graduating class, should ensure that a school holiday, ethnic holiday, etc. do not conflict with a scheduled grad dinner.
- Attending a dinner is not a priority at this time of year with some grads.

The following are suggestions made in the course of the evaluation:

- If a presentation is to be made, it should not be too lengthy. Students are not receptive to lengthy presentations after school hours.
- Students like the idea of the CDA President attending the dinners.
- This year, the fourth year representatives were asked, at the end of the dinner, to acknowledge the CDA and CDSPI for hosting the dinners. The Committee felt this individual should be given more time to speak, or to Chair the event. (CDA's reason for asking the third year rep to chair the dinner, introduce speakers, etc. was to give him/her insight on the format of the dinners for the following year.
- A "hard sell" approach on the part of CDA should not be taken in the address by the President. However, graduating students want to hear about services and benefits, and the economics of dentistry.
- CDA and CDSPI speakers, and faculty members should mingle with the students, so that students have an opportunity to interrelate with these representatives.

- CDSPI should attempt to present more detailed information in its presentation at the dinners.
- This year's presentation by Mr. Mark Sarner at five of the ten schools was on "Today's dental consumer" - what dentistry is like in the 90s. Although it was felt the presentation was informative, although lengthy, many students indicated the information contained therein already had been given to students in the community dentistry course.

Overall, the reps felt the dinners are a generous gesture on the part of CDA and CDSPI, and feel they leave a positive impression on students. They recommended that the dinners be continued as part of CDA's efforts to attract new graduates as active CDA members.

May 1992

**A POSITION PAPER BY THE
CDA COMMITTEE ON STUDENT AFFAIRS**

STUDENT/STAFF RELATIONS: SOMETHING TO THINK ABOUT

The CDA Committee on Student Affairs wishes to bring to the attention of faculties of dentistry in Canada the continuing problem of insensitive and unprofessional treatment of students by some members of faculty. At the April 1992 meeting of the Committee on Student Affairs, discussion of this topic revealed that there were problems or concerns, from a student point of view, at most schools.

It seems that this problem is not new to dental schools. It is felt that such problems may not always come to the attention of faculty administration because of fear of reprisal. It is, however, the aim of this position paper to identify the problem and present it in a forum such as the ACFD, Council on Education and Commission on Accreditation, so that administration, faculty and students can together assess the kinds of problems students are experiencing and provide means of encouraging schools to review their own situations and potential for improvements.

In assessing the basis of the problem, one factor is identified, namely the changing demographics of the student population. Many students entering dental school today may have a previous degree and may be married and have families. There is some feeling that professors do not always recognize that they are working with adult learners, and have not adjusted their educational philosophy or methodology to take advantage of this maturity. Some professors seem not to recognize other changing dimensions of today's classroom, including the growing number of female students and the increasingly varied racial and ethnic composition of a typical class.

Frequently the conflicts between the professors and students occur in the presence of patients. It is the feeling of the CSA that these types of conflicts only serve to negatively affect the treatment rendered to the patient. The student's self-confidence will be eroded by the teacher's unprofessional manner, and the patient will automatically question the student's competence.

The Committee on Student Affairs is confident that most faculty members want learning to be an interactive process in which the mentor and the student freely exchange ideas in an atmosphere of mutual respect. Unfortunately, there is a fair amount of anecdotal evidence suggesting that this ideal is not consistently being achieved.

A possible solution to this problem may lie in creating appropriate forums within each school where these kinds of issues can be discussed. This could be through the creation of student/staff liaison or grievance committees. It should, however, be noted that it is

extremely important to have a specific mandate established for these committees which allows an appropriate forum that is neutral, thereby eliminating the possibility of student retribution. Another solution to this problem may lie in the teaching methods of dental education. Traditionally the transfer of knowledge has involved lecture-class forums which often create feelings, on the part of students, of a non-participatory or interactive role. Other teaching modalities should therefore be investigated.

The CSA believes that staff evaluations should be encouraged and that this process should play a role in decisions regarding possible tenure or promotion. A recent report to the CSA by the ACFD noted that where evaluations are carried out, feedback to students does not normally occur. The CSA therefore believes that each school should have a standardized form in place, and most importantly that feedback to students should be a definite component of the process. It is not the desire of students to undermine an instructor's reputation during these evaluations, rather our goal is to have a have a constructive evaluation procedure in place, whereby students and professors learn from the process.

Additionally, awards based solely on teaching skills could be established with appropriate recognition, perhaps nationally, to encourage excellence in teaching.

It is hoped that through the implementation of some or all of the above ideas, the problem that exists at the present time in student/staff relations will be alleviated.

The Committee on Student Affairs acknowledges that every faculty has excellent professors who are of great assistance to students and who communicate with students in a respectful and positive manner, which makes learning a pleasurable experience. We also acknowledge the reality that dental students may be vexatious or troublesome. Any human problem has a number of dimensions, and normally requires collective, and co-operative efforts to solve. Faculty and students need to work together to explore concerns about insensitive and unprofessional treatment of students, and to determine how our respective organizations and individual schools can help secure improvements.

The CSA appreciates this opportunity to discuss relevant issues of concern which affect the majority of Canadian dental students.

Respectfully submitted,

Karim Nanji, H.B.Sc., M.Sc., D.D.S.
Student Governor

On behalf of The CDA Committee on Student Affairs

TAXATION COMMITTEE

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Robert Hicks, Chairman, Vancouver
Dr. Elizabeth MacSween, Ottawa
Dr. Raymond Wenn, Charlottetown

Executive Liaison: Dr. Bernard Dolansky, Ottawa

Senior Staff: Ms. Sandra Deziel

Coordinator: Ms. Bernadette Dacey

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. On a legislative basis, there are no new tax issues that face dental practices in Canada. However, on an administrative level there are concerns about Revenue Canada's interpretations or attitudes towards items within the GST, Convention verses Continuing Education, and direct reimbursement dental plans.

2. Discussions are now taking place with Revenue Canada on the following items:

a) GST Reporting

Dental practices who have registered under the GST have submitted their initial GST reporting forms and are receiving the Input Tax Credits that they are eligible for. The reporting form is very simplistic with no financial statements or detailed practice information being required. It is most important that practitioners registered under the GST retain the detailed information on how they calculated their Input Tax Credits in the event that they are audited in future years.

b) Administration of GST

The CDA Taxation Committee Chairman continues to receive many phone calls from dentists, their accountants, and from Revenue Canada local offices for information regarding GST and dentistry.

The CDA manual "GST and Dentistry" is still the main administrative document for Revenue Canada GST auditors and a copy has been supplied by Revenue Canada to each regional tax office. However, a few Revenue Canada GST auditors are not aware of the "GST and Dentistry" manual. Attempts are being made to improve communication to GST auditors in order to reduce unnecessary challenges on dental practices. Revenue Canada has a new computerized information service for auditors and the Taxation Committee has been able to ensure that the information from "GST and Dentistry" be placed within this system.

c) Sale of Dental Practice

As you are aware after a number of CDA presentation to the Department of Finance, the GST was removed from the capital goodwill portion of the sale price of a dental practice. CDA provided communication to its members when this occurred stating that the sale of a dental practice did not require the application of GST on goodwill, on equipment and furniture or on leasehold agreements, but GST was required on the sale of dental supplies. The letter of communication in which this information was included was reviewed by Revenue Canada and confirmed as accurate.

In a recent inquiry by a dentist, Revenue Canada stated that leasehold agreements were taxable under GST and that CDA's letter was not accurate. The person at Revenue Canada was the same person who approved the letter. The Taxation Committee Chairman is continuing discussions with this department of Revenue Canada.

d) Convention versus Continuing Education

Earlier discussions with the Audit Division of Revenue Canada indicated that Revenue Canada would accept dental conventions that had "primarily continuing education courses" on their program as continuing education events. If a trade show took place at the same time, it would not prevent the dental convention from being classified as continuing education.

When this issue reached the Rulings Directorate, a different interpretation was received. The Taxation Committee has not had the opportunity to meet directly with the Rulings Directorate to date. However, the Committee has arranged a joint meeting of Audit Division, Rulings Directorate and the Chairman of the CDA Taxation Committee in order to attempt to reach a satisfactory conclusion to this issue.

e) Direct Reimbursement Dental Plans

CDA and Provincial Dental Associations are promoting Direct Reimbursement Dental Plans (DRDP) to employers as a less expensive dental benefit for their employees.

At the 1991 CDA Board of Governors Annual Meeting, the CDA Taxation Committee Chairman reported that a provincial dental association had requested that the CDA Taxation Committee receive an official statement from Revenue Canada that DRDP would be deductible as an expense for the employers and non-taxable as an employee benefit for the employee.

At the 1991 Annual Board of Governors meeting the Management Committee stated that CDA had requested and had received a chartered accountants opinion that said the DRDP is deductible as an expense to employers but not taxable as a benefit to employees. The Chairman of the CDA Taxation Committee suggested that a direct approach to Revenue Canada be continued since there was no cost involved using the Taxation Committee resources.

A confusing message has returned from CDA's request for information on this issue from Revenue Canada. Informal discussions at this time indicate that Interpretation Bulletin - 339 R2 provides approval of direct reimbursement dental plans as qualifying as private health service plans (PHSP) ie. no tax impact on employer or employee. However in these discussions, the CDA Taxation Committee became aware of comments made in a speech in 1991 by a senior Revenue Canada official to a Tax Conference that related to eligibility of DRDPs and other reimbursement health plans. His comments focused on the fact that each plan (PHSP or DRDP) is tested to ensure that the plan involves a reasonable degree of risk which is transferred to the insurer (generally the employer).

A further discussion opportunity has been established to focus more directly on CDA endorsed direct reimbursement dental plans.

In conclusion, by the time of the 1992 CDA Board of Governors meeting, the Taxation Committee anticipates that answers to these issues can be completed.

3. CDA Taxation Seminars

The most recent seminar took place on May 8, 1992 in Vancouver, BC at the Four Seasons Hotel.

The seminar was provided by Mr. Ron Walsh of Walsh King, Chartered Accountants in Vancouver, and by Dr. Robert Hicks, CDA Taxation Committee Chairman. Seventy-eight registrants were present. The seminar provided current tax information for dentists, the dental practice and the dentist's family. Many questions from the registrants were answered during the seminar by both speakers and considerable direct conversation with registrants occurred during the breaks.

The preliminary financial statement for the seminar is attached to this report.

APPENDIX I

Respectfully submitted,

Robert N. Hicks, D.D.S., M.S.
Chairman, Taxation Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Taxation Committee as information.

APPENDIX I

CANADIAN DENTAL ASSOCIATION
VANCOUVER TAXATION SEMINAR

REVENUE AND EXPENSE STATEMENT AS OF MAY 31, 1992

Revenue	Description	Amount
	Receipts	\$14,025.00

TOTAL REVENUE		\$14,025.00
		=====

Expenses	Description	
	Translation	\$ 0.00
	Printing	\$ 45.15
	Travel/Accommodation	\$2,206.24
	Temporary Help	\$ 14.00
	Facility Rental and Catering	\$3,624.74
	Courier	\$ 0.00
	Photocopying	\$ 142.44
	Postage	\$1,832.58
	Per Diems	\$ 500.00
	Speaker	\$ 0.00
	Binders	\$ 824.00

TOTAL EXPENSE		\$9,089.15
		=====

TOTAL REVENUE OVER EXPENSES	\$4,935.85
	=====

THIRD PARTY DENTAL PLANS COMMITTEE

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Luc Dugal, Chairman, Calgary
Dr. David Anderson, Windsor
Dr. Alf Dean, New Waterford
Dr. David Tobias, Vancouver

Executive Liaison: Dr. Bryun Sigfstead, Edmonton

Coordinator: Ms. Susan Matheson

1. Committee Meetings

The Third Party Dental Plans Committee has met once since the report to the 1992 Interim Meeting: May 2 & 3, 1992.

2. Liaison Activities

Dr. Dugal and Dr. Anderson met with representatives of the ODA on May 1, 1992 to discuss the Standard Dental Claim Form.

ITEMS REQUIRING BOARD ACTION

3. Uniform System of Coding and List of Services

- a) The Third Party Committee continues to dialogue with Provincial Committees and Speciality Committees in order to address future changes to the USCLS.

As an ongoing revision to the USCLS, the following changes are recommended by the Committee for implementation in 1993.

RESOLVED:

92.64 THAT the revisions to the USCLS (code 21100, 21110-15, 21120-25, 21200, 21210-15, 21220-25, 21230-35, 21240-45) as outlined in Appendix I be accepted, and implemented on January 1, 1993.

ADOPTED

RESOLVED:

- 92.65** **THAT** the revisions to the USCLS (code 25750-56) as outlined in Appendix I be accepted, and implemented on January 1, 1993.

ADOPTED

RESOLVED:

- 92.66** **THAT** the revisions to the USCLS (code 43300, 43310/ 43317, 43400, 43410/43417, 43420/43427) as outlined in Appendix I be accepted, and implemented on January 1, 1993.

ADOPTED

RESOLVED:

- 92.67** **THAT** the revisions to the USCLS (code 72640, 72700, 72710-19) as outlined in Appendix I be accepted, and implemented on January 1, 1993.

ADOPTED

- b) The Third Party Committee also puts forth the following changes to the Prophylaxis code. The Committee sought input from the provincial bodies and national speciality organizations and all provinces except Ontario indicated support for the changes. This change to the Prophylaxis code is proposed for implementation on January 1, 1994 to allow ample time for the various provinces and insurance carriers to make the necessary revisions.

RESOLVED:

- 92.68** **THAT** the revisions to the USCLS (11100, 11110-11129) as outlined in Appendix II be accepted, and implemented on January 1, 1994.

DEFEATED

RESOLVED:

- 92.69** **THAT** the revisions to the USCLS (43400, 43410-20) as outlined in Appendix II be accepted, and implemented on January 1, 1994.

ADOPTED

4. Standard Dental Claim Form

APPENDIX III

The Third Party Committee continues to discuss the implementation of the new Standard Dental Claim Form. Based on feedback received, it appears that the acceptance and implementation of the new claim form will not be achieved in 1992. Confusion between the various insurance carriers regarding the requirements for manual and electronic claims. The Committee was attempting to have one standard dental claim form that would be accepted and used for both manual and electronic claims.

It appears that the acceptance of one standard claim form will require further dialogue with the various parties. The Committee will attempt to pursue this area but are unable to speculate as to when acceptance of a single claim form will take place.

RESOLVED:

92.70 **THAT the plain paper claim form/EOB remain the standard for CDAnet transmission; and,**

Be it further resolved that the CDA Standard Dental Claim Form remain as the standard format for manual claims.

ADOPTED**ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**5. Purchaser Information Program

The direction of PIP is involved with the dissemination of information such as the ads placed in Benefits Canada magazine advertising the Cost Containment Kit. Orders are also received from across Canada for the Direct Reimbursement Kit. Due to budget restrictions, no aggressive activities are being planned. However, requests for information continue to be handled by the CDA PIP office.

6. **CDA Prepaid Dental Plans Policy Manual**

The Committee continues to undertake the task of revising and updating this manual in 1992.

7. **Closing Comments by Chairman**

I would like to thank the Committee members and CDA staff Susan Matheson and Pat Duminy for their assistance and support during the year.

Respectfully submitted,

Luc Dugal, D.M.D.
Chairman,
Third Party Dental Plans Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Third Party Dental Plans Committee.

APPENDIX I

USCLS additions and/or Revisions for Implementation January 1, 1993.

CHANGE 21100 RESTORATIONS, AMALGAM, PRIMARY TEETH

NEW 21110 Restorations, Amalgam, Non-Bonded Primary Teeth

21111	One surface
21112	Two surfaces
21113	Three surfaces
21114	Four surfaces
21115	Five surfaces or maximum surfaces per tooth

NEW 21120 Restorations, Amalgam, Bonded Primary Teeth

21121	One surface
21122	Two surfaces
21123	Three surfaces
21124	Four surfaces
21125	Five surfaces or maximum surfaces per tooth

CHANGE 21200 RESTORATIONS, AMALGAM, PERMANENT TEETH

CHANGE 21210 Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors

21211	One surface
21212	Two surfaces
21213	Three surfaces
21214	Four surfaces
21215	Five surfaces or maximum surfaces per tooth

CHANGE 21220 Restorations, Amalgam, Non-Bonded, Permanent Molars

21221	One surface
21222	Two surfaces
21223	Three surfaces
21224	Four surfaces
21225	Five surfaces or maximum surfaces per tooth

**NEW 21230 Restorations, Amalgam, Bonded, Permanent
Bicuspid and Anteriors**

21231	One surface
21232	Two surfaces
21233	Three surfaces
21234	Four surfaces
21235	Five surfaces or maximum surfaces per tooth

**NEW 21240 Restorations, Amalgam, Bonded, Permanent
Molars**

21241	One surface
21242	Two surfaces
21243	Three surfaces
21244	Four surfaces
21245	Five surfaces or maximum surfaces per tooth

The request for Amalgam Bonding codes has been requested by Manitoba, Ontario and British Columbia as no code exists for this procedure.

**CHANGE 25750 Posts, Prefabricated, with Pin Reinforced Core
for Crown Restoration.**

25751	One post, with amalgam core and pins
25752	Two posts (same tooth), with amalgam core and pins
25753	Three posts (same tooth) with amalgam core and pins
25754	One post, with composite core and pins
25755	Two posts, (same tooth) with composite core and pins
25756	Three posts (same tooth) with composite core and pins

This request for a change 25750 has been put forth by the Manitoba Dental Association.

NEW 43300 OCCLUSION

43310 Occlusal Adjustments/Equilibration

43317 One half unit

NEW 43400 SCALING/ROOT PLANING, PERIODONTAL

43410 Scaling

43417 One half unit

43420 Root Planing

43427 One half unit

This request for a new one half unit, 43317, 43417, 43427 has been put forth by the College of Dental Surgeons of British Columbia.

DELETE 72640 Enucleated, Surgical series to become a new series 72700

CHANGE 72700 ENUCLEATION, SURGICAL

72710 Enucleation, Surgical, Unerupted tooth and follicle

72711 First tooth

72719 Each additional tooth, same quadrant

This request for a change has been put forth by College of Dental Surgeons of British Columbia.

APPENDIX II

USCLS additions and/or revisions for implementation January 1, 1994

CHANGE 11100 **PROPHYLAXIS** (Coronal polishing and scaling procedure performed on patients in normal or good periodontal health to remove coronal plaque, calculus and stains to prevent caries and periodontal disease. Since pockets are absent in completely normal periodontium, scaling and polishing are performed on the anatomic or clinical crown.)

11110 Coronal Polishing

11111	One unit
11112	Two units
11117	One half unit
11119	Each additional unit over two

11120 Scaling Procedure (In normal or good periodontal health)

11121	One unit
11122	Two units
11123	Three units
11124	Four units
11127	One half unit
11129	Each additional unit over four

The codes 43410 and 43420 will be combined as follows:

43400 SCALING/ROOT PLANING, PERIODONTAL

43410 Scaling/Root Planing

43411	One unit
43412	Two units
43413	Three units
43414	Four units
43415	Five units
43416	Six units
43417	One half unit
43419	Each additional over six

The code 43420 ROOT PLANING will be deleted.

"Plain Paper Claim Form"

APPENDIX III

TE SUBMITTED: AAA z9, 9999 CARRIER CLAIM NO: AAAAAAAAAAAAAAA
PRE-DETERMINATION NO: AAAAAAAAAAAAAAA
NTIST: AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA UNIQUE ID NO: 999999999
DRESS: AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA OFFICE No: 9999
AAA TELEPHONE: 999 999-9999
AAAAAAAAAAAAAAAAAAAAAAAAA PRV A9A 9A9
NTAL OFFICE CLAIM REFERENCE NO: 999999 OFFICE VERIFICATION:

TIENT: AAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAAAAAA BIRTHDATE: AAA z9, 99
TIENT'S OFFICE ACCOUNT NO: AAAAAAAAAAAAAAA
TIENT'S ADDRESS: AAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
AAA PRV A9A 9A9

TE	PROCEDURE	TH#	SURF	CHARGE	LAB	TOTAL
/99/99	99999 AAAAAAAAAAAAAAAAAAAAAAAAAA	99	AAAAA	zzz9.99	zzz9.99	zzz9.99
/99/99	99999 AAAAAAAAAAAAAAAAAAAAAAAAAA	99	AAAAA	zzz9.99	zzz9.99	zzz9.99
/99/99	99999 AAAAAAAAAAAAAAAAAAAAAAAAAA	99	AAAAA	zzz9.99	zzz9.99	zzz9.99
/99/99	99999 AAAAAAAAAAAAAAAAAAAAAAAAAA	99	AAAAA	zzz9.99	zzz9.99	zzz9.99
/99/99	99999 AAAAAAAAAAAAAAAAAAAAAAAAAA	99	AAAAA	zzz9.99	zzz9.99	zzz9.99
/99/99	99999 AAAAAAAAAAAAAAAAAAAAAAAAAA	99	AAAAA	zzz9.99	zzz9.99	zzz9.99
/99/99	99999 AAAAAAAAAAAAAAAAAAAAAAAAAA	99	AAAAA	zzz9.99	zzz9.99	zzz9.99

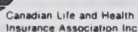
NEFIT AMOUNT IS PAYABLE TO: INSURED/DENTIST TOTAL SUBMITTED \$zzzzz9.99
is an accurate statement of services performed and the total fee payable. E & OE.
TIENT AUTHORIZATION TO PAY BENEFIT TO DENTIST:

URANCE INFORMATION:	PRIMARY COVERAGE	SECONDARY COVERAGE
RIER:	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
RESS:	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA PRV A9A 9A9	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA PRV A9A 9A9
ICY#:	AAAAAAA DIV/SECTION NO: AAAAAAAAAA	AAAAAAA DIV/SECTION NO: AAAAAAAAAA
URED NAME:	AAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA	AAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA
THDATE:	AAA z9, 99	AAA z9, 99
IFICATE NO:	AAAAAAAAAAAAA	AAAAAAAAAAAAA
LOYER:	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
URED ADDRESS:	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAA PRV A9A 9A9	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAA PRV A9A 9A9
ATIONSHIP TO PATIENT:	AAAAAAAAAAAAAAAAAAAAA	AAAAAAAAAAAAAAAAAAAAA

ENT INFORMATION:
f dependent, indicate: Student____Handicapped____
ame of student's school: AAAAAAAAAAAAAAAAAAAAAA
s treatment resulting from an accident? Yes-9 No-9 If
es, give date AAA z9, 99 and details separately.
s this an initial placement for dentures, crown or
ridge? Yes-9 No-9. If no, give date of prior placement
AA z9, 99, and reason for replacement separately.
Date: _____
5. Is treatment for orthodontic purposes? Yes-9 No-9
6. I understand that the fees listed in this claim may not be covered
by or may exceed my plan benefits. I understand that I am financially
responsible to my dentist for the entire treatment amount.
I authorize the release of any information or records requested in
respect of this claim to the insurer/plan administrator, and certify
that the information given is true, correct, and complete to the best
of my knowledge.
Insured Signature _____

STRUCTION FOR SUBMISSION/DENTIST'S COMMENTS:

503
LICITY HOLDER/EMPLOYER CERTIFICATION:
Date Coverage Commenced _____ 4. Policy/Contract Holder _____
Date Dependent Covered _____ Authorized Signature _____
Date Terminated _____ Position _____ Date: _____



PROFESSIONAL RESOURCE UTILIZATION COMMITTEE

REPORT TO THE 1992 ANNUAL MEETING - BOARD OF GOVERNORS

Members:	Dr. Don MacFarlane, Vancouver - Chairman Dr. Mac Balfour, Oakville Dr. William Bedford, Ottawa Dr. Ralph Brooke, London Dr. Pat Johnson, Toronto Rev. Rondo Thomas, Scarborough
Executive Liaison:	Dr. Ron Smith, Duncan
Senior Staff:	Mrs. Sandra Deziel, Manager, Executive Services
Coordinator:	Mrs. Suzanne Burton

1. Committee Meeting

The Committee has met once since reporting to the 1990 Executive Council Planning Session, on July 12, 1991.

Dr. Bedford attended his last meeting as the Health and Welfare representative as he will be retiring from the federal government in September, 1991.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Report of the Special Professional Resource Sub-Committee to Executive Council - October 1990

The Committee reviewed and discussed the recommendations of the Sub-Committee.

Updating and monitoring of Supply/Demand Data on an annual basis:

The Committee focussed on reviewing the CDA professional resource models developed for CDA by R.K. House and Associates. Members agreed that the models were sound; they identified strengths and components of the models requiring improvement or modification. The multi-faceted dynamic models could be utilized to integrate regular monitoring of identified factors. Once the model is revised, CDA staff would be responsible for: updating the data annually with the assistance of the provincial licensing bodies; tracking full time equivalents and migration patterns and monitoring of dental graduates.

The Committee identified various organizations and groups which currently collect data on the dental profession. The Committee identified the licensing authorities as the best source of the supply-side data, and they could be approached to modify their licensing procedures to include questions regarding the actual province of work, and the average number of hours per week. The on-going National Dental Epidemiological Project headed by Dr. Thompson will provide analysed data by 1997. The College of Dental Surgeons of British Columbia conducted a one-day survey of patients in 1991. As this survey was also conducted in 1986, this new data will provide comparison data to determine trends. Results of the data obtained from a study of dental needs of native children will be produced.

The data collected would be utilized as the primary resource for the Committee in the development of recommendations for enrolment in all educational programs of the dental team. The data would be useful in the development and monitoring of educational programs and promotional campaigns.

National Collection Centre

The lack of a designated central area for the collection and compilation of all research studies and surveys undertaken is the main problem. The Committee suggests that the CDA Library be asked to act as the 'national collection centre', to gather, retain and disseminate all research reports and data impacting the professional resource area.

The Delphi Exercise

Members reviewed the need for a Delphi exercise. Criticism of the previous exercise was directed mainly at the method of forecasting, but the Committee agreed that the methodology remains sound. In evaluating the necessity for the exercise, the role that CDA will play in implementing and providing leadership in this area required further direction.

In the event a Delphi exercise is completed, corporate members and licensing authorities would be included in the selection of participants. The resulting report would also be given wide circulation for comment.

The Committee favoured continued study and research to improve the process. It suggested a different consultant be utilized. Input from the academic community is essential in the acceptance of the regression analysis of the Delphi exercise.

The Committee directed Dr. MacFarlane to consult with Dr. Gordon Thompson and other appropriate individuals in the academic community, regarding the best approach to a Delphi or other similar study.

3. Employment and Immigration Point Rating System: Denture Therapists/Denturists

APPENDIX I

Correspondence was received from Employment and Immigration providing clarification on Canada's current immigrant selection policy as it pertains to the treatment of the dental profession, and in particular to Dental Therapists and Denturists. CDA forwarded a letter, dated May 9, 1991, to Employment and Immigration providing its comments on the preliminary General List and concerns. A response dated December 12, 1991 on the 1992 General List, was forwarded to Employment and Immigration.

4. Enrolment Figures for Canadian Faculties of Dentistry

APPENDIX II

A summary of enrolment figures for Canadian Faculties of Dentistry, compiled on an annual basis, is appended.

5. National Dental Epidemiology Project - Background & Work Agreement - Sampling Design and Statistical Analysis Plans

Funding was obtained by the NDEP team for a meeting to develop the NDEP background and work agreement for the sampling design and statistical analysis plans. A draft report provided by Dr. Thompson was received by Committee members as information.

6. Chairman's Remarks

I wish to extend thanks to Sandra Deziel and Suzanne Burton for their assistance in support of the Committee's activities.

Respectfully submitted,

Don E. MacFarlane, D.M.D.
Chairman, Professional Resource
Utilization Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Professional Resource Utilization Committee as information.

As requested by Executive Council, Dr. MacFarlane addressed the Board of Governors to provide his comments on the direction of the Committee, for comments of the Board of Governors.



APPENDIX I

December 12, 1991

Ms. Wendy Salmon, Analyst
Occupational Studies and
Program Linkage Unit
Employment & Immigration
140 Promenade du Portage
Place du Portage, Phase IV
Hull, P.Q.
K1A0J9

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

Dear Wendy:

Thank you for your letter of December 11, 1991 bringing the Canadian Dental Association up to date on the activities of your Department relative to the General List of Occupations since the CDA last corresponded with you on this subject on May 9, 1991.

I have discussed your most recent correspondence with Dr. Donald MacFarlane, Chairman of CDA Professional Resource Utilization Committee and have the following comments to offer.

We appreciate that the process for the establishment of the General List has undergone recent changes including the expansion of the consultation process providing for a wider source of input. The CDA is most interested in continued input to the process. However, we do find that the deadline for input, being the same week of the request, leaves us at a disadvantage in terms of consultation within our own organization. Ideally, CDA would consult with its corporate members who are the provincial dental associations across Canada and the Canadian Forces Dental Services. It is hoped that as you continue to refine the consultation process, more lead time will be available for comments.

We agree with the inclusion of dental hygienist on the General List, as the latest statistics available to us indicate that job opportunities in this field are good. Although dental assistants are not listed as a sub-group, job opportunities for qualified dental assistants are also good.

With regard to dental therapists and denturists we reiterate the comments made in our correspondence of May 9. We believe it would be a disservice to immigrants skilled in these fields to lead them to believe that job opportunities for them in Canada are sound.

- 2 -

Thank you for the opportunity to comment. The CDA looks forward to continued communication with you on this topic and awaits with interest the finalized General List of Occupations for 1992.

Sincerely yours,



Sandra Deziel
Manager - Executive Services

c.c. Dr. Donald MacFarlane, Chairman - PRUC
Management Committee



December 11, 1991

Ms. S. Deziel,
Manager - Executive Services,
Canadian Dental Association,
1815 Alta Vista Drive,
Ottawa, Ontario,
K1G 3Y6

Dear Ms. Deziel:

As per our telephone conversation yesterday, the following briefly outlines the process followed last year to produce the 1991 General List of Occupations, this year's List consultation structure, and the policies and principles upon which the General List is based. I look forward to the opportunity to discuss these matters with you.

In April of 1991, following a long established consultation pattern, we approached the Federal/Provincial Advisory Committee on Health Human Resources (FPAC) to solicit the views of Committee membership regarding the occupations being considered for the health portion of the 1991 General List of Occupations. This was approximately the same time as initial contact on this issue was made with the Canadian Dental Association. Significant changes had recently been made to the criteria used in identifying the occupations on the General List. The 1991 List included more occupations, defined at a higher level of occupational detail, than had its predecessor. The resultant changes were quite significant for the health care occupations.

A Committee response was not available at the time of the 1991 List's finalization. Since consultations were also not yet complete with a number of other organizations in the health care sector, the decision was taken to leave the health care portion of the list as it had been previously structured, making only those elemental changes necessary to maintain consistency with over-all List format. All changes to the Health professions portion of the List could then be made at one time.

.../2

Unfortunately however, for a variety of administrative reasons, and because of the relatively short period of time for which the 1991 list would be in effect, it was decided that it would be preferable to make these changes with the 1992 General List of Occupations. The health care occupations were not the only occupations to be affected in this manner.

For 1992, our previous approach to finalising the General List has been revised significantly. The FPAC has received a definite cut-off date for comment. After this date, subject to the recommendations of all consultation participants, our proposed list structure will be forwarded to the Minister for approval.

It must be pointed out that the FPAC is not our only source of input to the development of the General List of Occupations. A variety of ongoing consultative mechanisms are being developed, particularly for the health care occupations. We continue to work towards expanding the level of professional association involvement in this process, and would very much appreciate the input of the Canadian Dental Association.

Toward this end, I am forwarding, for your review and comment, a copy of the dental occupations currently being considered for inclusion in the 1992 General List of Occupations. You will note that Dentists are not on the list. This is a product of both a long standing agreement with the FPAC, and our own understanding of the current Canadian labour market for Dentists. Please note that the attached is again being discussed with members of the FPAC, as well as with the Canadian Dental Hygienists Association and The Denturist Association of Canada. Last years consultations included only yourselves and the FPAC.

For your information, Mr. William Buxton, Executive Director of The Denturist Association of Canada has recommended that Denturists remain upon the General List for the present. This decision will be revisited on an ongoing basis.

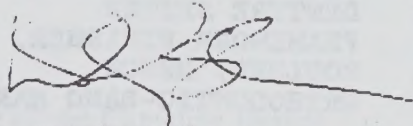
It is important to note that an occupation's appearance on the General List of Occupations does not signify Canadian labour market shortages in the profession. Rather, this means that, with respect to the labour market

.../3

as a whole, employment opportunities in the occupation are relatively good. This point cannot be stressed strongly enough. It is the job of the General List of Occupations to distribute annual Independent Immigrant program target totals across as broad a range of occupations as is appropriate, thereby guarding against the displacement of Canadian workers.

Should you have any questions or concerns regarding the following, or should you wish further information, please do not hesitate to contact me at 994-3004. I look forward to discussing this issue with you. Thank you in advance for your assistance in this matter, and my apologies for the informality of this request for input.

Yours sincerely,



Wendy Salmon
Analyst
Occupational Studies and
Program Linkage Unit

Att.

EBAUCHE
DRAFT

PROPOSED GENERAL OCCUPATIONS LIST - 1992
OCCUPATIONS OPEN TO PROSPECTIVE INDEPENDENT IMMIGRANTS
DENTAL OCCUPATIONS

CCDO CODE	OCCUPATIONAL TITLE
3157	DENTURISTS, DENTAL HYGIENISTS, DENTAL ASSISTANTS AND DENTAL TECHNICIANS
3157-110	DENTAL HYGIENIST
3157-111	DENTAL THERAPIST
3157-126	DENTURIST
3157-138	DENTAL TECHNICIAN, GENERAL
3157-142	DENTAL CERAMIST
3157-146	DENTAL TECHNICIAN, CROWN AND BRIDGE
3157-150	DENTAL TECHNICIAN, METAL
3157-154	ORTHODONTIC TECHNICIAN
3157-158	DENTURE SETTER
3157-162	FRAMEWORK FINISHER, DENTURES
3157-166	MOULDER, BENCH
3157-170	ORTHODONTIC-BAND MAKER



By Facsimile: (613) 994-4533

May 9, 1991

Ms. Wendy Salmon, Analyst
Employment and Immigration
140 Promenade du Portage
Place du Portage, Phase IV
Hull, Québec
K1A 0J9

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

Dear Wendy:

As discussed, the following is the initial response of the Canadian Dental Association to the preliminary General List received from you by Fax on May 5.

In the category entitled Denturists, Dental Hygienists, Dental Assistants and Dental Technicians, the only employment group where there is a need in Canada is Dental Hygienist.

Sub-category 3157-111 - Dental Therapist

Two of the three programs operated in the past in Canada utilizing dental therapists are no longer employing these people in government funded programs. In order to be employed in Canada, additional training would be required to become a dental hygienist or to work in dentistry as dental assistants or receptionists.

Sub-category 3157-126 - Denturist

Individuals in this employment category confine their services to removable complete dentures. The percentage of the Canadian population who require these services has declined sharply in the past ten years. There is no longer a requirement in Canada for this occupation. As well an over-supply of these individuals currently exists.

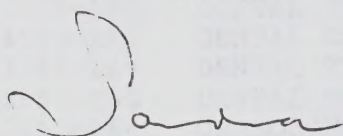
.../2

- 2 -

As stated earlier, we believe the only occupation on the list which meets labour market criteria as outlined in Mr. Gidding's letter of April 15 to be Dental Hygienist.

As discussed, the Canadian Dental Association will consult with the provincial dental associations in the near future on the General List. We appreciate the opportunity to provide further input if necessary, following this consultation process.

Sincerely yours,



Sandra Deziel
Manager - Executive Services

c.c.: Dr. Don E. MacFarlane, Chairman
Professional Resource Utilization Committee

/msg

SUMMARY OF ENROLMENT FIGURES
Canadian Faculties of Dentistry

<u>Name of University</u>	<u>1991 Graduates</u>	<u>1991-92 classes</u>				<u>Anticipated 1992 1st year intake</u>	<u>If faculty remains open.</u>
		<u>5th yr. 4th yr. 3rd yr. 2nd yr. 1st yr.</u>					
Alberta	41	-	53	49	50	31	30
British Columbia	37	-	39	38	37	39	40
Dalhousie	27	-	34	33	31	34	32
Laval	51	-	41	49	42	45	46
Manitoba	24	-	28	24	24	26	25
Montréal	79	-	81	83	85	84	85
McGill	37	-	30	28	25	26	24*
Saskatchewan	17	19	18	20	21	21	21
Toronto	93	-	104	63	63	68	64
Western Ontario	40	-	40	40	40	39	40
TOTAL	446	19	468	427	418	413	407

COUNCIL ON CONSTITUTION AND BYLAWS

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. G.H. Peacock, Chairman, Saskatoon
Dr. R.M. Balfour, Oakville
Dr. J. Silver, Vancouver
Dr. G. Turner, Glace Bay

Executive Liaison: Dr. B. White, Saskatoon

Senior Staff: Ms. S. Deziel

Coordinator: Ms. B. Dacey

1. Committee Meetings

One meeting of Council has taken place since the 1991 Annual Meeting of the Board. This meeting, utilizing a conference call, was held on May 13, 1992, to attend to Resolutions approved at the 1992 Interim Meeting. Prior to the meeting, all members of Council received material which provided the information on the items to be discussed.

ITEMS REQUIRING BOARD ACTION

The items requiring consideration of the Board involve those referred from the decisions taken during the 1992 Interim meeting.

2. Mission Statement

92.3 THAT the appended Mission Statement for the Canadian Dental Association be approved.

ADOPTED

RESOLVED:

92.71 THAT Article IV, Section 1 - Mission Statement, be approved as amended.

ADOPTED

APPENDIX I

3. Goals

Resolution of the 1992 Interim Meeting:

- 92.4 THAT the appended goals for the Canadian Dental Association be approved.

ADOPTED

In considering the goals approved during the 1992 Interim Meeting, your Council recommends that it would be preferable to identify each goal in a manner similar to that suggested within Appendix II, Proposed II. In making this suggestion there is no intent to suggest that one goal is more important than another, only that such an identification would be for the purpose of reference. It is also noted that such identification is consistent as provided elsewhere within the Bylaws.

RESOLVED:

- 92.72 THAT Article IV, Section 2, Goals, be approved as amended.

**APPENDIX II
(PROPOSED II)**

ADOPTED

4. Interim Meeting Direction

Resolution of the 1992 Interim Meeting.

- 92.5 THAT the Council on Constitution and Bylaws take the appropriate action to effect the necessary amendments to the Bylaws and Letters Patent of the Association.

ADOPTED

In accordance with the provision of the Canada Corporations Act, should the two previous amendments be approved by the Board of Governors, specific steps are required in order to amend the provisions of the Letters Patent. An application to the Corporation Directorate for Supplementary Patent is required. Such an application must include:

- i) A proper application document.
- ii) An affidavit or statutory document of an officer attesting to the due passage of the Bylaw indicating the specific date of due passage, and percentage of members voting.
- iii) Two certified copies of the Bylaw effecting the change, within six months of due passage.
- iv) A filing fee of \$50.00

As the Council does not have the authority to file such an application, the following recommendation is provided for the Board's consideration.

RESOLVED:

92.73 **THAT the President and Executive Director of the Canadian Dental Association proceed to fulfil the filing requirements with respect to the amending of the provisions of Letters Patent, pursuant to Part II of the Canada Corporations Act.**

ADOPTED

5. List of Active Members

Resolution of the 1992 Interim Meeting.

92.8 **THAT the appended revision of Article XVIII - List of Active Members be approved.**

THAT the Council on Constitution and Bylaws be requested to make the necessary amendment to CDA Bylaws.

Your Council reviewed the proposed amendment to Article XVIII - List of Active Members as approved at the 1992 Interim Board. Following due consideration, your Council recommends that the proposal be amended by deleting the word "active" in the last sentence of paragraph three.

This recommendation was made following discussion with various Corporate Bodies, wherein it was indicated, that some members included on the lists of recommended dentists submitted by a Corporate Body, may qualify for eligibility under various categories of CDA Membership. In certain cases the list submitted by Corporate members is determined through the legislation under which they exist; however, the listed members were eligible for membership under one of the categories provided by Article V - Membership.

As the requirement which may be imposed upon the Corporate Body may or may not be in concert with the CDA classification, your Council was of the opinion that provisions contained elsewhere in the Bylaws, are sufficient. It is further noted that Article XVIII is specific to List of Active Members.

The recommendation of your Council is provided in Appendix III - Proposed III.

RESOLVED:

92.74 **THAT Article XVIII - List of Active Members be approved as amended.**

**APPENDIX III
(PROPOSED II)**

ADOPTED

6. Index

In the event that the recommendations are approved to amend the Mission Statement and the Objects and Purposes, one housekeeping motion would require Board approval.

RESOLVED:

92.75 **THAT the Constitution and Bylaws Index be approved as amended, and the pages be re-numbered accordingly if required.**

ADOPTED

APPENDIX IV

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. During the presentation of your Council's report at the 1991 Annual meeting of the Board, it was announced that Dr. R.A. Schiewe was no longer a member of the Council. Due to the fact that his decision to step down was taken following the submitting of the Council report to CDA, the Council would herein express its appreciation to Dr. Schiewe for his valued service during his term on Council.

8. Council would also like to express thanks to Ms. B. Dacey and Ms. S. Deziel for their on-going assistance.

Respectfully submitted,

George H. Peacock, Chairman
Council on Constitution and Bylaws

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Constitution and By-Laws.

The Board of Governors expressed its appreciation to Dr. George Peacock for his work as Chairman of the Council on Constitution and By-Laws.

ARTICLE IV Section 1

MISSION STATEMENT

The Canadian Dental Association serves the dental profession - and through the profession the Canadian public - as the authoritative national voice and resource for dentists.

In cooperation with the provincial dental associations and affiliated organizations, the Canadian Dental Association offers services, in both official languages, intended to support and advise all areas of dentistry and to represent, protect, promote and develop the interests of the dentist as ethical practitioner, professional, educator, student, researcher, business person, citizen and individual.

The Canadian Dental Association recognizes a particular responsibility to contribute to the development of national positions and standards related to dentistry, dental education, dental research, dental equipment, dental materials and dental personnel.

The Canadian Dental Association is dedicated to the principle that all Canadians should have the best oral health care it is possible to provide; it actively seeks input from and dialogue with governments, consumers and all those interested in dentistry to enable it to serve more effectively both its members and the Canadian public.

ARTICLE IV Section 1

MISSION STATEMENT

The CDA is the authoritative national voice, resource, and focus of unity for the profession of dentistry in Canada - dedicated to meeting member needs, and the promotion and provision of optimal oral health for Canadians.

Article IV - Section 2

OBJECTS AND PURPOSES

- (a) to cultivate and promote the art and science of dentistry, and all its collateral branches, and to protect and maintain the honour and interests of the dental profession;
- (b) to conduct, direct, encourage, support or provide for exhaustive dental and oral research;
- (c) to elevate and sustain the professional character and education of dentists;
- (d) to promote mutual improvement, social intercourse, and good-will among the members of the profession;
- (e) to enlighten and direct public opinion in relation to oral hygiene, dental prophylaxis, oral health and advanced scientific dental service;
- (f) to disseminate knowledge of dentistry and dental discoveries;
- (g) to have cognizance of and safeguard the common interests of the dental profession;
- h) to publish dental journals, reports and treatises;
- i) to promote the delivery of high quality comprehensive dental (oral) health care service to all residents of Canada;
- j) to do all further or other lawful things and acts as are incidental or conducive to the attainment of the above objectives.

PROPOSED I (INTERIM MEETING PROPOSAL)

APPENDIX II

GOALS

- ° To ensure that the Association is able to identify, and position itself on all subjects critical to dentistry which are of importance to its members.
- ° To develop positions, policies and programs which will provide optimal, accessible oral health care for Canadians.
- ° To develop programs, standards and services at the national level, which will enrich the profession and the personal life and character of its members.
- ° To develop and maintain an effective national communication strategy and programs to communicate with CDA publics and stakeholders on all matters under the mandate of CDA.
- ° To provide a national forum which facilitates the exchange of ideas on, and the development of, unified positions and standards on issues of interest to dentistry.
- ° To ensure that the Association has the necessary resources to effectively manage all programs necessary to fulfil its mandate.

=====

PROPOSED II (COUNCIL RECOMMENDATION)

APPENDIX II

GOALS

- a) To ensure that the Association is able to identify, and position itself on all subjects critical to dentistry which are of importance to its members.
- b) To develop positions, policies and programs which will provide optimal, accessible oral health care for Canadians.
- c) To develop programs, standards and services at the national level, which will enrich the profession and the personal life and character of its members.
- d) To develop and maintain an effective national communication strategy and programs to communicate with CDA publics and stakeholders on all matters under the mandate of CDA.
- e) To provide a national forum which facilitates the exchange of ideas on, and the development of, unified positions and standards on issues of interest to dentistry.
- f) To ensure that the Association has the necessary resources to effectively manage all programs necessary to fulfil its mandate.

ARTICLE XVIII

LIST OF ACTIVE MEMBERS

A list setting forth in alphabetical order the names and addresses of all members in the corporation who are licensed dentists and are recommended by each Corporate member for admission to and/or continuance of Active membership shall be submitted annually, on or before July 31st in each year, by each corporate member.

Subject to provisions contained elsewhere in these by-laws, the number of paid-up active members contained on this list, together with licensed life members, shall guarantee the count for Board seats for each Corporate Member for the Annual and next following Interim Meeting of the Board, notwithstanding that the previous year's figures may be utilized for this purpose, given that, by July 31, fees for the current year are paid based on these figures.

Forthwith upon the admission of any individual member to membership in the Association, a membership card shall be forwarded to each member. Every person included in the list of recommended licensed dentists submitted by a Corporate member shall be deemed to be an applicant for membership in the Association unless, within thirty days of receipt of such application of his membership card in the Association, he shall notify the Executive Director that he does not desire to be or to continue to be a member.

08/91

PROPOSED I (INTERIM MEETING PROPOSAL)

APPENDIX III

ARTICLE XVIII

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Upon the admission of any individual member to membership in the Association, a membership card shall be forwarded to each member. Every person included in the list of recommended licensed dentists submitted by a Corporate member shall be deemed to be eligible for active membership in the Association.

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PROPOSED II (COUNCIL RECOMMENDATION)

APPENDIX III

ARTICLE XVIII

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CONSTITUTION & BY-LAWS
INDEX

<u>ARTICLE</u>	<u>TOPIC</u>	<u>PAGE</u>
I	NAME	1
II	HEAD OFFICE	1
III	SEAL	1
IV	MISSION STATEMENT/OBJECTS & PURPOSES	2-3
	Section 1 - Mission Statement	2
	Section 2 - Objects & Purposes	2-3
V	MEMBERSHIP	4-6
	Section 1 - Corporate	4-5
	Section 2 - Active	5
	Section 3 - Affiliate	5
	Section 4 - Honorary	5
	Section 5 - Life	5
	Section 6 - Student	6
	Section 7 - Retired	6
	Section 8 - Supporting	6
VI	PRIVILEGES OF MEMBERS	7-9
	Section 1 - Corporate	7
	Section 2 - Active	7
	Section 3 - Affiliate	8
	Section 4 - Honorary	8
	Section 5 - Life	8
	Section 6 - Student	9
	Section 7 - Retired	9
	Section 8 - Supporting	9
	Section 9 - Entitlement to Vote	9
VII	TERMINATION OF MEMBERSHIP	10
VIII	BOARD OF GOVERNORS	11-18
	Section 1 - Composition	11
	Section 2 - Elections of Appointments	11-12
	Section 3 - Certification	12
	Section 4 - Vacation of Office	13

CONSTITUTION & BY-LAWS INDEX

<u>ARTICLE</u>	<u>TOPIC</u>	<u>PAGE</u>
I	NAME	1
II	HEAD OFFICE	1
III	SEAL	1
IV	MISSION STATEMENT/GOALS	2-3
	Section 1 - Mission Statement	2
	Section 2 - Goals	2-3
V	MEMBERSHIP	4-6
	Section 1 - Corporate	4-5
	Section 2 - Active	5
	Section 3 - Affiliate	5
	Section 4 - Honorary	5
	Section 5 - Life	5
	Section 6 - Student	6
	Section 7 - Retired	6
	Section 8 - Supporting	6
VI	PRIVILEGES OF MEMBERS	7-9
	Section 1 - Corporate	7
	Section 2 - Active	7
	Section 3 - Affiliate	8
	Section 4 - Honorary	8
	Section 5 - Life	8
	Section 6 - Student	9
	Section 7 - Retired	9
	Section 8 - Supporting	9
	Section 9 - Entitlement to Vote	9
VII	TERMINATION OF MEMBERSHIP	10
VIII	BOARD OF GOVERNORS	11-18
	Section 1 - Composition	11
	Section 2 - Elections of Appointments	11-12
	Section 3 - Certification	12
	Section 4 - Vacation of Office	13

COUNCIL ON EDUCATION

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members:

Dr. Gordon Thompson, Chairman, Edmonton
Dr. Robert Baker, Winnipeg
Dr. Donald Bonang, Halifax
Dr. Marcia Boyd, Vancouver
Dr. Joel Epstein, Vancouver
Dr. Helen Lyttle, Winnipeg
Dr. Jim Main, Toronto
Ms. Susanne Sunell, Vancouver
Ms. Maureen Symmes, Edmonton
Dr. Richard Taché, Montréal
Ms. Donna Wells, Toronto

Executive**Liaison:**

Dr. Barry Dolman, Montréal

Observers:

Dr. Gerald Albert, Dean, University of Montreal
Mrs. Danuta Askew, Coordinator,
Dental Admissions Test Committee
Dr. Ralph Barolet, Dean, McGill University, Montreal
Dr. Ian Bennett, Chairman,
Dental Admissions Test Committee, Halifax
Ms. Elizabeth Craig, ODHA, London
Col. Morley Deyette, CFDS Representative
Ms. Lorraine Emmerson, Executive Secretary, ACFD
Ms. Mahnaz Fatahzadeh, CDA Committee on
Student Affairs, Vancouver
Dr. Guy Maranda, President, RCDC, Sainte-Foy
Dr. Edward McIntyre, Chairman, Continuing Education Committee,
Edmonton
Dr. Mario Santangelo, ADA Council on Education
Mrs. Carol Worobey, Executive Director CDHA, Ottawa

Staff:

Mr. Brian Henderson, Director, Professional Services/
Education and Accreditation
Ms. Susan Matheson, Associate Director, Education and Accreditation
Dr. Arthur Schwartz, Associate Director, Professional Services
Ms. Gay MacQuarrie, Coordinator, Education and Accreditation

1. **Council Meeting**

The Council on Education met in Ottawa on June 1, 1992. The meeting was a public meeting with many observers present who, in some cases, reported on their respective organization's activities and who were invited to openly participate in the meeting.

ITEMS REQUIRING BOARD ACTION

2. **Terms of Reference**

The Council reviewed the terms of reference of its sub-committees and at the same time reviewed its terms of reference.

APPENDIX I

RESOLVED:

92.76 **THAT the revised Terms of Reference for the Council on Education be approved.**

The Board of Governors disagrees with the addition to the proposed addition to the terms of "vii) Appoint the Chairpersons of the standing committees of the Council on Education."

The Board of Governors directs that the following wording in the existing terms of reference be amended to read: "The Council on Education shall have the power to appoint committees and sub-committees as approved by the Board of Governors."

RESOLVED:

92.77 **THAT the Council on Constitution and By-Laws be directed to review the by-laws for necessary amendment.**

ADOPTED

3. Other Organizations' Reports

Council accepted with interest reports from the following organizations:

Association of Canadian Faculties of Dentistry

Canadian Dental Hygienists Association

Royal College of Dentists of Canada

Licensing Authority Representative

National Dental Examining Board of Canada

Canadian Dental Assistants Association

Canadian Fund for Dental Education.

4. Continuing Education Committee

Two projects under the purview of the committee were well attended in 1991. The *Maintaining Professional Competence: The Fundamentals* charette workshop held in August in Quebec City was chaired by Ms. Kate McDonald and Ms. Jane Wong. The consensus of those participating in the charette was that the Physician Evaluation Program should be adapted to the profession of dentistry. The 1991 Teaching Conference entitled *Problem-based Learning: Another Approach to Education* held in Toronto in October was chaired by Dr. Helen Lyttle.

Some recent initiatives of the committee, include the development of a continuing education column for the *CDA Journal*, discussion of the need for distance education programs as a result of the findings of a Federation Dentaire Internationale study of the provinces found that there are gaps in the delivery of distance education programs in many provinces.

The Committee reviewed its terms of reference and believes that it could be taking a proactive role in continuing education and doing more for the profession if a reallocation of funds within CDA from such things as advertising to continuing education would give CDA more visibility and profile and would increase membership with a relatively low financial commitment.

DIRECTION:

The Board of Governors directs that the Terms of Reference for the Continuing Education Committee be presented to the Board for approval.

5. Dental Admissions Committee

A directive to Council from the Executive Director (letter dated May 7, 1992) which instructed Council to secure changes in the membership and chairmanship of the DAT Committee, in conformance with CDA policy, resulted in a report from the Nominating Committee recommending replacement of three long term members (Drs. Ian Bennett, Marcia Boyd, and Gordon Thompson) with three new members (Drs. David Scott, Hélène Lemay, and Roland LaFlèche).

In his presentation to Council as Chairman of the DAT Committee, Dr. Ian Bennett, suggested that CDA staff has sought changes to the DAT Committee following disagreement with the Committee over policy. He emphasized the importance of membership control of CDA committees. He encouraged continuity in representation and expressed concern that the changes proposed were outside normal procedure.

Executive Council liaison, Dr. Barry Dolman asked that his concern be recorded that Executive Council's intent to bring CDA Council and Committee membership into line with CDA policy on terms of membership had been interpreted, in discussion within the Council on Education, as manipulative and discourteous. Executive Council reaffirms the intent recorded in the report of the Committee on Nominations, Awards and Trusts to ensure that membership on CDA Councils or Committees should not be extended beyond a maximum of six years as a general rule.

Following the presentation by Dr. Bennett, Council on Education defeated the Nominating Committee recommendation and the following slate was approved:

Dr. Ian Bennett, Chairman (Vancouver)	1994 (2)
Dr. Alan Mills (London)	1993 (1)
Dr. Hélène Lemay (Montréal)	1994 (1)
Dr. Roland LaFlèche (Sainte-Foy)	1995 (1)

RESOLVED:

- 92.78** The Board of Governors directs the Chairman of the Council on Education to present a revised slate, bringing the membership of the Dental Admissions Test Committee in line with CDA policy. The President will appoint the Chairman, on the recommendation of Executive Council, and in consultation with the Chairman of the Council on Education.

ADOPTED

Council discussed the role of Executive Liaison on the committee which was not previously provided for in the terms of reference. Specifically, the duplication and expense of the Executive Liaison was discussed. The amended terms of reference provide that the Executive Liaison be invited to DAT Committee meetings and attend on a discretionary basis.

- DIRECTION:** The Board of Governors directs that the Terms of Reference for the Dental Admissions Committee be presented to the Board for approval.

The DAT Committee has been looking at reducing its single largest cost of running the Dental Aptitude Test by substituting another substance for the chalk used in the carving portion of the test.

Council was assured that the current lack of a contractual agreement between the American Dental Association and CDA with regard to the Dental Aptitude Test will not jeopardize the administration of the test and that negotiations are in hand.

Council accepted a recommendation from the DAT Committee that it arrange for a certificate of appreciation for Dr. Luis Branda's (Hamilton) past contribution to the Committee.

6. **Nominating Committee**

Where none previously existed, terms of reference were approved for the Nominating Committee which will ensure that membership on sub-committees of Council follows CDA policy.

DIRECTION: The Board of Governors directs that the Terms of Reference for the Nominating Committee be presented to the Board for approval.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. **1993 Teaching Conference**

The topic for the thirty-seventh teaching conference is Hospital Dentistry. Dr. John Hardie from Vancouver General Hospital will chair the conference.

8. **Certification and Licensure of Dentists**

Council received the Proceedings of the Conference on Certification of Dentists in Canada (August 1991, Quebec City) for information.

Council was briefed on the outcome of a recent meeting involving the National Dental Examining Board, Association of Canadian Faculties of Dentistry, Royal College of Dental Surgeons of Ontario, and the Canadian Dental Association in which the Chairman of the Commission on Dental Accreditation of Canada, Dr. Ralph Brooke and the Director of Education and Accreditation, Mr. Brian Henderson, attended. The parties have agreed, in principle, that all Ontario graduates will write a NDEB multiple choice examination and the NDEB external examiners will act separately from the DDS program in evaluating Canadian graduates in the clinic through the external examiner process of the NDEB. Canadians or Americans who have graduated from U.S. schools would write the NDEB written exam and take the NDEB simulated clinical exam. Only the two Ontario deans of faculties of dentistry have agreed that the NDEB examiner will evaluate each student and issue a certificate based on their examination of every graduating student.

9. **Certification of Dental Specialists**

The January 1992 final draft of the Supplementary Report of the Ad Hoc Committee on Certification of Dental Specialists was provided to Council for information. It was noted that the feasibility of any proposal regarding certification of dental specialists is contingent upon the agreement of the licensing bodies whose input in the process was sought but who provided little feedback.

10. **Specialty Recognition of Oral Medicine**

In response to a request for specialty recognition of Oral Medicine, and noting that CDA has not had a formal application process for such recognition, the Council agreed the American Dental Association "Application for Recognition of a Dental Specialty" (1985) be adapted for use by the CDA with credit given to the source. The adapted application will be provided to the Canadian Academy of Oral Medicine.

11. **McGill University - Faculty Update**

Dr. Ralph Barolet, Dean of the Faculty of Dentistry at McGill University updated Council on events during the past year that have threatened closure of the dental faculty. The Principal's Advisory Committee of the University has placed nine conditions on the faculty which must be met by the fall of 1992 if the school is not to be considered further for closure. Dr. Barolet is confident that the conditions will be met. Council reaffirmed its support of the education program at McGill University.

12. **National Council on Bioethics in Human Research**

In response to an individual member's request, consideration was given as to a possible role CDA might play with regard to membership on the National Council on Bioethics in Human Research. Council believes the dental profession might be more appropriately represented on the NCBHR through the Canadian Association for Dental Research.

13. **Needle Use and Recapping**

Resolution 92.14 was circulated to Council for information. Related information regarding CDA's initiative to develop the concept of a logbook in the dental office to record needlestick injuries, met with the observation that a logbook may be impractical as individuals may not wish to have their name recorded.

14. Other Business

Council also discussed the following: comprehensive control of pain and anxiety in dentistry, dental assisting competency profiles - Levels I and II, dental hygiene supervision statement, and ADA practice management seminars.

Respectfully submitted,

Gordon Thompson, Chairman
Council on Education

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Education.

**EXISTING
TERMS OF REFERENCE**

Council on Education

The Council on Education shall consist of eleven members. In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person nominated by the Canadian Dental Association.
- (2) One person who is active in Hospital and/or Institutional Dentistry nominated by the Canadian Dental Association.
- (3) Three persons from nominations by the Association of Canadian Faculties of Dentistry.
- (4) One person, being a dental hygienist, from nominations of the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section.
- (5) One person, being a dental assistant, from nominations of the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section.
- (6) One person from nominations by the National Dental Examining Board of Canada.
- (7) One person from nominations of the Provincial Dental Licensing Authorities.
- (8) One person from nominations by the Royal College of Dentists of Canada.
- (9) One lay person from nominations of the Commission on Dental Accreditation of Canada.

The President of the Canadian Dental Association on recommendation of the Executive Council shall annually appoint a member of Executive Council who shall act as the Executive Liaison.

The Chairman of this Council on Education shall be a member of the Council and appointed annually by the President of the Canadian Dental Association on the recommendation of Executive Council.

Election to Council shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Council on Education.

EXISTING TERMS OF REFERENCE

- 2 -

Council on Education

The Council on Education may recommend to the Executive Council the appointment of consultants or advisors and make recommendations as well on resources required to support its initiatives. Budgets supporting this Council shall be subject to the approval of the Canadian Dental Association's Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation.

It shall be the duty of the Council on Education:

- i) To give study to all matters relating to dental, dental specialty and allied dental education.
- ii) To develop positions and make recommendations to the Canadian Dental Association Board of Governors on issues related to dental, dental specialty and allied dental education.
- iii) To serve through the Canadian Dental Association Board of Governors as a resource assisting corporate members, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, and/or provincial licensing bodies with respect to dental, dental specialty and allied dental education.
- iv) To study and make recommendations in the field of Continuing Education as it relates to dentistry.
- v) To foster the development of conferences and resources (such as the Annual Teaching Conference and the Dental Aptitude Test) of benefit to dental, dental specialty and dental auxiliary education.
- vi) To advise the Commission on Dental Accreditation of Canada on issues of mutual interest (including accreditation standards and requirements).

The Council on Education shall have the power to appoint committees and sub-committees as it shall deem expedient.

Revised - Board of Governors
August 1991

PROPOSED TERMS OF REFERENCE

Council on Education

The Council on Education shall consist of eleven members. In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

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- (2) One person who is active in Hospital and/or Institutional Dentistry nominated by the Canadian Dental Association.
- (3) Three persons from nominations by the Association of Canadian Faculties of Dentistry.
- (4) One person, being a dental hygienist **and a member** of the Association of Canadian Faculties of Dentistry's **Allied** Dental Educators Section **nominated by the Canadian Dental Hygienists' Association.**
- (5) One person, being a dental assistant **and a member** of the Association of Canadian Faculties of Dentistry's **Allied** Auxiliary Educators Section **nominated by the Canadian Dental Assistants' Association.**
- (6) One person from nominations by the National Dental Examining Board of Canada.
- (7) One person from nominations of the Provincial Dental Licensing Authorities.
- (8) One person from nominations by the Royal College of Dentists of Canada.
- (9) One **Consumer/Public representative who is the representative on** the Commission on Dental Accreditation of Canada.

The Chairperson of the Commission on Dental Accreditation of Canada shall sit as an observer to the Council on Education.

A representative of the American Dental Association's Council on Education shall sit as an observer to the Council.

The annual meeting of the Council on Education shall be an open meeting to representatives of organizations and/or other interested parties to include the Canadian Forces Dental Services and Deans of Canadian Dental Schools.

The President of the Canadian Dental Association on recommendation of the Executive Council shall annually appoint a member of Executive Council who shall act as the Executive Liaison.

The Chairman of this Council on Education shall be a member of the Council and appointed annually by the President of the Canadian Dental Association on the recommendation of Executive Council.

PROPOSED TERMS OF REFERENCE

- 2 -

Council on Education

Election to Council shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Council on Education.

The Council on Education may recommend to the Executive Council the appointment of consultants or advisors and make recommendations as well on resources required to support its initiatives. Budgets supporting this Council shall be subject to the approval of the Canadian Dental Association's Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation.

It shall be the duty of the Council on Education to:

- i) Study matters relating to dental, dental specialty and allied dental education.
- ii) Develop positions and make recommendations to the Canadian Dental Association Board of Governors on issues related to dental, dental specialty and allied dental education.
- iii) Serve through the Canadian Dental Association Board of Governors as a resource assisting corporate members, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, and/or provincial licensing bodies with respect to dental, dental specialty and allied dental education.
- iv) Study and make recommendations in the field of Continuing Education as it relates to dentistry.
- v) Foster the development of conferences and resources (such as the Annual Teaching Conference and the Dental Aptitude Test) of benefit to dental, dental specialty and dental allied education.
- vi) Advise the Commission on Dental Accreditation of Canada on issues of mutual interest (including accreditation standards and requirements).
- vii) Appoint the Chairpersons of the standing committees of the Council on Education.

**APPROVED
TERMS OF REFERENCE**

Council on Education

The Council on Education shall consist of eleven members. In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

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- (5) One person, being a dental assistant and a member of the Association of Canadian Faculties of Dentistry's Allied Dental Educators Section nominated by the Canadian Dental Assistants' Association.
- (6) One person from nominations by the National Dental Examining Board of Canada.
- (7) One person from nominations of the Provincial Dental Licensing Authorities.
- (8) One person from nominations by the Royal College of Dentists of Canada.
- (9) One Consumer/Public representative who is the representative on the Commission on Dental Accreditation of Canada.

The Chairperson of the Commission on Dental Accreditation of Canada shall sit as an observer to the Council on Education.

A representative of the American Dental Association's Council on Education shall sit as an observer to the Council.

The annual meeting of the Council on Education shall be an open meeting to representatives of organizations and/or other interested parties to include the Canadian Forces Dental Services and Deans of Canadian Dental Schools.

The President of the Canadian Dental Association on recommendation of the Executive Council shall annually appoint a member of Executive Council who shall act as the Executive Liaison.

The Chairman of this Council on Education shall be a member of the Council and appointed annually by the President of the Canadian Dental Association on the recommendation of Executive Council.

APPROVED TERMS OF REFERENCE

- 2 -

Council on Education

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The Council on Education may recommend to the Executive Council the appointment of consultants or advisors and make recommendations as well on resources required to support its initiatives. Budgets supporting this Council shall be subject to the approval of the Canadian Dental Association's Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation.

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- iv) Study and make recommendations in the field of Continuing Education as it relates to dentistry.
- v) Foster the development of conferences and resources (such as the Annual Teaching Conference and the Dental Aptitude Test) of benefit to dental, dental specialty and dental allied education.
- vi) Advise the Commission on Dental Accreditation of Canada on issues of mutual interest (including accreditation standards and requirements).

The Council on Education shall have the power to appoint committees and sub-committees as approved by the Board of Governors.

Revised & Approved
CDA Board of Governors
August, 1992

COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members of the CDSPI Board of Directors as at May 7th, 1992 are:

Dr. J. Brookfield	CDA
Dr. G. F. Copithorne	British Columbia
Dr. J. M. Dillon	Manitoba
Dr. W. A. Glave	Ontario
Dr. R. J. Markey	CDA
Dr. R. L. Rasmussen	Alberta
Dr. R. A. Turcotte	New Brunswick
Dr. R. D. Wells	Ontario

Members of the CDSPI Management Committee are:

Dr. M. D. Charendoff	President
Dr. R. L. Moran	Treasurer
Dr. J. N. Wright	Secretary
Dr. G. Dubé	Designate Member

Observers at the CDSPI Board are:

Dr. D. W. Allen	Prince Edward Island
Dr. B. Knoblauch	Saskatchewan
Dr. R. Sexton	Newfoundland
Dr. G. S. Zwicker	Nova Scotia

The Board of Directors of CDSPI met as the Council on Insurance and Investment of the CDA on April 10 - 11, 1992, in Toronto, one week after the interim Board of Governors meeting. The Council is scheduled to meet next on August 30 - 31, 1992 in Calgary, Alberta on the day following the corporations' (CDSPI) annual meeting on Saturday, August 29, 1992.

ITEMS REQUIRING BOARD ACTION

1. Accidental Death and Dismemberment 1993 Renewal

At the last CDA Board of Governors meeting, approval was received to put in place a new three tier structure for the AD&D plan. This new structure addresses the needs of the profession and makes the CDIP AD&D plan very unique.

Following the conclusion of the design of this new format, CDSPI commenced negotiations with Seaboard Life Insurance Company (the insurer) on the renewal of the contract which expires December 31, 1992. The results of these negotiations were presented to the Board in April.

RESOLVED:

- 92.79** **THAT the CDIP Accidental Death and Dismemberment Plan, underwritten by Seaboard Life Insurance Company on three levels of benefits, be renewed for the period January 1, 1993 to December 31, 1995, with no rate increase to the rates in place for 1992.**

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

2. **CDIP General Plans 1993 Renewal**

APPENDIX A

Attached as Appendix A, is the 1993 General Insurance Renewal Report as prepared by the plan broker, F. Wallace Clancy & Son Ltd.

You will note in reviewing the report that there have been a number of plan improvements with no additional premium being charged. In addition, there is the introduction of three new plans under the general portion of CDIP. The first relates to equipment breakdown coverage, the second relates to data processing insurance and the third pertains to a plan which will be called TripleGuard package plan.

RESOLVED:

- 92.80** **THAT the Guardian Insurance Company be the General Insurance carrier for CDIP for the period January 1, 1993 to December 31, 1993.**

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

RESOLVED:

- 92.81** **THAT** the CDIP Basic Office Contents Plan for 1993 be available at the 1992 premium rates, with the automatic coverage limit increased to \$50,000 and the maximum under the Additional Lease Expense removed.

ADOPTED

- NOTE:** The two Governors representing the corporate member in Québec abstained.

RESOLVED:

- 92.82** **THAT** the CDIP Basic Practice Interruption Plan for 1993 be available at the 1992 premium rates, with the Audit Fee Maximum increased to \$10,000, and the Evacuation Coverage Extension increased to four weeks and \$20,000.

ADOPTED

- NOTE:** The two Governors representing the corporate member in Québec abstained.

RESOLVED:

- 92.83** **THAT** the CDIP Basic Comprehensive General Liability Plan for 1993 be available at the 1992 premium rates, with the Voluntary Property Damage limit being \$3,000.

ADOPTED

- NOTE:** The two Governors representing the corporate member in Québec abstained.

RESOLVED:

- 92.84** **THAT the CDIP Malpractice Plan for 1993 be available at the 1992 premium rates.**

ADOPTED

NOTE: **The two Governors representing the corporate member in Québec abstained.**

RESOLVED:

- 92.85** **THAT the CDIP Personal Umbrella Liability Plan for 1993 be available at the 1992 premium rates.**

ADOPTED

NOTE: **The two Governors representing the corporate member in Québec abstained.**

RESOLVED:

- 92.86** **THAT the CDIP Basic Office Contents and Basic Practice Interruption Plans of CDIP have a non-compulsory inflation factor of 5% apply on the January 1, 1993 invoice.**

ADOPTED

NOTE: **The two Governors representing the corporate member in Québec abstained.**

RESOLVED:

- 92.87** **THAT** on a one year test basis, a 50% grad discount on CDIP General Insurance Plans be offered to 1993 grads for a period of twelve months; application must be made within the three month period following graduation; coverage to include CDIP Office Contents, Practice Interruption, CGL and Malpractice.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

RESOLVED:

- 92.88** **THAT** an Equipment Breakdown Option be offered as part of the Office Contents Coverage of CDIP, at an annual premium of \$175. or \$125. depending on the Package purchased effective January 1, 1993.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

RESOLVED:

- 92.89** **THAT** a Data Processing Insurance Plan with coverage and rates quoted by the Guardian Insurance Company be added as a new plan to CDIP effective January 1, 1993; eligibility requirement being participation in CDIP Basic Office Contents or Tripleguard.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

RESOLVED:

- 92.90** **THAT** a Tripleguard Plan be added to CDIP effective January 1, 1993, with rates and coverage as set with Guardian Insurance Company in the report of F. Wallace Clancy & Son Ltd. dated March 17, 1992.

ADOPTED

- NOTE:** The two Governors representing the corporate member in Québec abstained.

It should be noted with satisfaction that the premiums for all coverages within the general insurance book stayed at the same level for 1992. Malpractice had a guaranteed cap of an 8% increase for malpractice for 1993 however, it was not necessary to use this cap. The same cap is in place for 1994.

There is a guaranteed insurance market for the general plans to at least January 1, 1997. This indicates the stability and long term commitment that CDIP has with this insurer.

3. **CDIP Benefit Plans 1993 Renewal**

Since the last report to the CDA Board of Governors, CDSPI has been very active with the benefit plans carrier, Prudential Group Assurance Co. of England (Canada).

Following the review by the insurer of the first quarter experience and renewal figures, we will be meeting with the insurer in early June, to confirm renewal for 1993. We anticipate being in a position to confirm such renewal to the June Executive Council meeting and forward this confirmation to the Board of Governors in August. At that time, a motion will be presented as an addendum to this Report.

Once the 1992 conversion was in place, we commenced discussions with Prudential to provide additional benefits, coverages, and features under the plans.

We will briefly discuss each of these features under the sub-headings that follow.

Living Benefits

It has become evident, that with the changing times, CDIP should have a "living benefit" in place under the Life Plan. This means that terminally ill insureds (those who are anticipated not to live beyond 12 months) are identified by the Claims Department of Prudential and the attending physician is contacted directly. Detailed discussions are held with the attending physician in order to avoid situations where the insured may not be aware of how life threatening their condition is. The attending physician is asked to complete a questionnaire which is then reviewed with the Medical Director of Prudential for an opinion on whether the criteria meets the guideline for an advanced payment. If the decision is made to proceed, the adjudicator writes directly to the claimant outlining the terms of the benefit. If the insured agrees to accept the advance payment, he/she is required to sign a release acknowledging payment and agreeing that this amount plus interest will be deducted from the final coverage settlement at time of death.

The Council on Insurance and Investment has reviewed the procedure and put forth the following recommendation to the CDA Board of Governors.

RESOLVED:

92.91 THAT the CDIP Life Plan incorporate Prudential's Living Benefit Program into its procedures, and market this benefit as a Plan Feature.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

Because of the importance of this type of benefit, we would like to see this in effect immediately following the Executive Council receipt and review of this particular motion, and would ask that the CDA Executive Council agree accordingly.

Excess Limits

There have been considerable requests and concerns expressed by CDA and co-sponsor members that the current limits of the Life Plan (\$750,000) LTD Plan (\$6,000) and Office Overhead Expense (\$15,000) are inadequate for the needs of the profession. Some participants are having to buy the maximum coverage through CDIP and then to fulfil their personal needs, go to private carriers for excess. This permits the private carrier to have access to the individual, which could result in the erosion of CDIP coverage.

Prudential has agreed to provide excess limits. The increase in available coverage is handled with an amendment to the policy contract. The actual policy contract increases the available coverage limits up to \$1,000,000 for Life, \$12,000 for LTD, and \$20,000 for Office Overhead. The Canadian Dentists Insurance Program however only experiences the claims up to the previous original maximum. Prudential takes the premium for the excess limit, and also takes the risk for that excess limit. Expenses incurred for underwriting of claims are proportioned so that the CDIP incurs only the share of charges at the time the financial statement is prepared. All experience and excess coverage is pooled and Prudential measures their experience on the basis of the total pool.

CDSPI still has to finalize the structure for the excess for life coverage as well as the premium rates for these excesses. However, the CDSPI Board has approved this change in principle and authorized CDSPI Management to proceed accordingly.

RESOLVED:

92.92 THAT subject to competitive rates and availability, CDIP Life, Long Term Disability and Office Overhead Plans should have excess limits to \$1,000,000 - \$12,000 - and \$20,000 respectively, with Prudential taking full risk in premium over the current plan limits on this excess; to be in place no later than January 1, 1993.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

Retirement Savings Protection

CDSPI discussed with Prudential, the implementation of a Retirement Savings Protector optional rider benefit to CDIP. The concept behind the development of such an RSP benefit is that while one is disabled due to lack of earned income,

the ability to contribute to a Registered Retirement Savings Plan is severely reduced and perhaps eliminated for a long term disability. For those long term disabilities, this could result in the insured not being able to fund their retirement. When disability benefits terminate at age 65, this could cause severe hardship.

The RSP rider provides for a monthly benefit of \$500 (for incomes to \$100,000) or \$1,000 (for incomes in excess of \$100,000) to be deposited with Montreal Trust, the trust company through which Prudential has set up the appropriate requirements for such a savings protector. Then, with direction from the insured, Montreal Trust manages this Retirement Savings Fund until the insured is age 65 at which time the accumulated contributions can go towards a retirement benefit. Keep in mind, that this is not an RRSP, and there is no tax deduction. It is basically the setting aside of cash through insurance, which will allow an individual to buy a RRIF, Annuity or use the cash at age 65 to fund retirement by another vehicle. Since income earned on the monies in the fund are not sheltered (are taxable) up to 50% of the earnings portion can be withdrawn each year in order to pay the income tax on the interest income.

Coverage is available with evidence of good health to insured participants who are covered under the basic CDIP LTD plan and who have not yet reached age 55. The reason for this age ceiling is that the accumulated benefits from age 55 to 65 would not be significant enough to warrant the payment of the premium. Premiums continue until the policy anniversary following age 63 and coverage terminates at age 65.

RESOLVED:

92.93 **THAT a Retirement Savings Protector Optional Rider Benefit be added to CDIP Long Term Disability Plan, at the rates provided by Prudential for appropriate age banding.**

ADOPTED

NOTE: **The two Governors representing the corporate member in Québec abstained.**

As we feel this is an extremely important add-on to the CDIP LTD Plan, we would anticipate putting this into place to be effective September 1, 1992.

Deferred Tax Protector Rider

As you are aware, self-employed professionals can take advantage of deferring income tax payable. This is accomplished by having a practice year end other than December 31st. This means that if, for example, the practice year ends January 31, 1993, then the income earned for that year is not reported and taxes are deferred to 1993. However should the dentist become disabled, he/she faces a large tax bill with reduced income. The deferred tax protector allows an insured individual to choose from a monthly benefit plan with benefits beginning following the elimination period or the lump sum plan for which the lump sum is payable after 365 days of total disability. Applicants must qualify through application and evidence of good health. This will become an optional rider under the CDIP LTD plan. An individual is eligible to purchase this coverage if they have not attained the age of 60.

In reviewing this benefit, CDSPI felt that this was a natural additional optional rider for the LTD plan, which was very suitable for the dental profession (self employed) and has an appeal for deferring taxes for one year yet provides protection for such deferral. We anticipate that both options (monthly or lump sum) will be available.

	<u>Monthly Payment</u>	<u>Lump Sum Payment</u>
Elimination Period	90 days	365 days
Benefit	Lesser of 1/3 of last quarterly tax installment and amount of insured monthly benefit.	Lesser of total deferred income tax expense and the insured benefit.
Maximum Benefit Period	12 months	12 months
Typical Coverage	Units of \$1,000. Minimum \$1,000/ per month. Maximum \$10,000/ per month.	Units of \$10,000. Minimum \$10,000/ per annum. Maximum \$100,000/ per annum.

Benefit Reduction Under Both Options

Age 61 - 80% of sum insured

Age 62 - 60% of sum insured

Age 63 - 40% of sum insured

Age 64 - 20% of sum insured

The only limitations on the above is that benefits exclude any penalties or interest accessed due to late filing of tax returns.

RESOLVED:

92.94 **THAT a Deferred Tax Protector Option Rider Benefit be added to CDIP Long Term Disability Plan, at the rates provided by Prudential for appropriate age banding.**

ADOPTED

NOTE: **The two Governors representing the corporate member in Québec abstained.**

Again, because of the importance of this type of coverage to the profession, we are proposing to implement this effective September 1, 1992.

Other Discussions

For the information of the Executive Council and Board of Governors, we can confirm at the time of this report that we are continuing discussions with Prudential in relation to level premiums/fixed rates as a possible option under CDIP and are continuing to explore and discuss the concept of Universal Life. We will be bringing a report back to the CDSPI Board at our August meeting, following which we will provide further details in our next report to the CDA.

4. **CDA RSP Performance and Renewal**

The Council is pleased to inform the Board of Governors that fund performance of the CDA RSP furnished by an independent agency indicates that the five year figures showed an excellent performance. It was noted from the performance

report that 1991 returns were excellent with all one year returns in the first or second quartile, except the Bond and Mortgage fund. Although the Bond and Mortgage Fund was in the third quartile, it still had a return of 18.6%. Because of the investment restrictions placed on the funds in order to keep the funds protected, short term performance may not always be in the first quartile. It should be noted however that investment strategy for RSP performance is based on five year returns. Over that period, all funds were in the first quartile. It should also be noted that CDSPI meets with Canagex Associates Inc. at least twice a year to discuss fund performance and review strategy.

The increased contributions that were reported in April still continue. The plan is at the time of the writing of this report almost \$2,000,000 ahead of last year's contributions. It is worthy to note that the plans performance are listed in the major financial newspapers. For example the CDA RSP funds are reported on the third Thursday of each month in the Globe & Mail. By looking at this historical independent record, and comparing it with other funds, one can see how the CDA RSP becomes a major membership benefit.

It should also be noted that many funds which are being compared, have their unit values without management fees deducted. The management fees in the CDA RSP including the administration fee of CDSPI, the custodial fees of Imperial Life and Royal Trust, and the money management fees of Canagex & Associates, are still less than 1% per annum. In addition, there are no charges for inter-fund transfers, withdrawals of cash or terminations of accounts. These are all things that should be taken into account when looking at the overall performance of a fund.

CDSPI has had discussions with Imperial Life concerning the renewal of the variable annuity contract GA-8643 which is the contract under which Revenue Canada accepts the registration of the CDA RSP. It should be noted that the only purpose for having this particular contract structure is the necessity to have such an arrangement with a Life Insurance Company. The funds are managed by Canagex Associates Inc., and are held in custody and in trust by Royal Trust.

The Council on Insurance and Investment proposed to have a motion presented to the CDA Board of Governors at the August meeting concerning the renewal.

RESOLVED:

- 92.95** THAT the CDA RSP Variable Annuity Contract GA-8643 be renewed with Laurentian Imperial and Investment Management Services with Canagex Associate Inc. for the three years 1993, 1994 and 1995 at no fee increase, except for the required collection of GST on the CDSPI administration fee, based on the settlement of all outstanding items with Laurentian Imperial and Imperial Life by December 31, 1992, otherwise the contract will be for one year, renewable.

ADOPTED

- NOTE:** The two Governors representing the corporate member in Québec abstained.

5. HIV/HEP B Coverage

One of the most needed and talked about health related insurance coverage relates to coverage that responds to a practitioner's need when they find themselves to be HIV positive or Hepatitis B positive. At this point in time, we believe that coverage is not generally available in the marketplace. The concerns of patients, practitioners and licensing bodies relating to the HIV positive or Hepatitis B positive practitioner has made this a top priority in discussions with Prudential Group Assurance Company of England (Canada).

We are pleased to have successfully concluded half of the negotiations. Discussion concerning a lump sum payment at time of diagnosis to serve as Practice Protection Coverage is currently continuing and we hope to bring a recommendation to the Executive Council meeting in June and/or the Board of Governors meeting in August.

What has been approved by the CDSPI Board of Directors as part of the current CDIP LTD coverage, with no added premium cost at this time is outlined in two letters from the insurer attached as Appendix B-(i) and B-(ii).

APPENDICES B(i)&(ii)

This added coverage we believe provides adequate coverage for situations from time of diagnosis until full disability under situations outlined in the attached.

When the Practice Protection Coverage is in place, this will provide protection in situations where the practice ceases due to public awareness.

RESOLVED:

- 92.96** **THAT an HIV and Hepatitis B Carrier Amendment be added to the current CDIP LTD Coverage with no premium increase.**

ADOPTED

NOTE: **The two Governors representing the corporate member in Québec abstained.**

Because of the importance of this type of coverage to the profession, we are proposing to implement this effective September 1, 1992.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

6. **1992 CDIP Financial Experience**

At the time of the writing of this report, the audits for the 1992 financial experience had not been completed.

We anticipate that the figures will be available by mid May and once reviewed by CDSPI Management Committee, and compiled in our usual annual statistics report, they will be forwarded to the CDSPI Board and Observers.

The Board members will be asked to provide their approval, following which the report will be forwarded to the CDA as the policyholder, with provincial statistics being provided confidentially to each province who co-sponsor the plans.

At the August Board of Governors meeting, we will be pleased to review and discuss any of the statistics.

7. **Update on Legal Issues**

Although CDSPI as the Council on Insurance and Investment is involved with certain legal issues, they are not being reported under this report as they are more appropriately dealt with under CDA's Management Committee or Executive Council Report.

8. Claims Problems

CDSPI is only too well aware of the problems being experienced by some claimants still at Imperial as a result of the move to Metropolitan, and now at Metropolitan as a result of the move to Prudential. It is very difficult to address some of these claims problems on behalf of the claimants when one is only privileged to some of the information. The insurance company does not always share all of the material they have on file nor all of the reasons why they are taking a particular position on a particular claim.

Because of claim situations that were taking place at Imperial, CDSPI on behalf of seven claimants, sent a letter to the Insurance Commission of Ontario, expressing concern about how these claimants were dealt with, and indicating to the commission that we wished them to review the situation since the claimants were being put under financial hardship.

At the time of the writing of this report, we have not received a report from the Commission but have been told that it is due this month (May 1992). If this approach is successful in assisting claimants, we propose to take exactly the same approach with certain claims situations at Metropolitan. It is not possible to take all problem claim situations to the Commission, because they usually only address situations where the insured is experiencing a financial hardship. They do not get involved in contract interpretation. That issue is one which usually requires legal intervention.

CDSPI makes every attempt to assist participants based on our limited knowledge of the situations, but it must be stressed that we cannot solve all of the claim problems and sometimes it is necessary for individuals to seek their own legal counsel.

9. Grad Dinners

CDSPI co-sponsored with the CDA grad dinners in 1992. There was a wide range of perceptions as a result of attending these dinners but overall they seemed to be well received. Certainly, one thing that stood out was that the dinners were extremely well organized by Linda Teteruck.

At the time of the writing of this report, CDSPI is planning to do a complete review of the grad program as it pertains to CDIP and CDA RSP. We will continue to work with the CDA in making the graduates a very important part of CDA and co-sponsored plans.

10. CDA/CDSPI Management Committee Meetings

The Management Committees of CDA and CDSPI met at CDSPI offices on Thursday, May 7th, 1992. A number of topics was discussed, and we continue to see great benefits from both management groups continuing to meet throughout the year.

11. CDSPI/Co-Sponsors

CDSPI continues to work with the Co-Sponsors in continued communications on a personal level. Dr. Charendoff and Mr. Butler will, by the time of the August Board of Governors meeting, have visited the College of Dental Surgeons of British Columbia (May 8), Ontario Dental Association (May 8), Dental Association of Prince Edward Island (May 29), New Brunswick Dental Society (May 30) and Nova Scotia Dental Association (June 13).

We find these meetings provide a valuable two way street of communication.

Respectively submitted,

Melvin D. Charendoff, D.D.S., M.S., F.R.C.D.(C)
Chairman, Council on Insurance and Investment - CDA
President, CDSPI

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Insurance and Investment.

The Board of Governors expressed its appreciation to Dr. Charendoff for his work as Chairman of the Council on Insurance and Investment.

1993 POLICY PLANS PROPOSAL

Earlier in our report we mentioned that renewal negotiations began back in December of 1991. At this time we would like to summarize the results of our discussions and outline the various changes and improvements for your consideration:

A. Office Contents Plan - The Guardian is proposing that the rates/premiums remain unchanged for 1993.

Under the Automatic Coverage section of the Office Contents section the Guardian has agreed to raise the limit from \$25,000 to \$50,000 on all newly acquired property - the participant must still notify CDSPI within 30 days of such acquisition and the adjustment of premium shall be effected from the date of acquisition.

At the present time the maximum limit that a person can purchase under the Additional Lease Expense section is concerned is \$20,000. The Guardian has agreed to eliminate this maximum limit and allow an individual to purchase whatever limit he or she requires.

B. Practice Interruption Plan - It is proposed that the two-tier rating system, as well as the existing rates, remain unchanged for 1993.

The Guardian has agreed to increase the amount of coverage, in connection with auditor's fees, from \$2,000 to \$10,000 at no additional charge.

The Guardian have also agreed to improve the Mass Evacuation Coverage Extension. Subject to its terms and conditions the policy presently covers for a period up to a maximum of two weeks from the date of the order of evacuation and up to a maximum amount of \$10,000. This will be changed to four weeks and the maximum limit raised from \$10,000 to \$20,000. There is no additional premium involved for these improvements.

C. Comprehensive General Liability Plan - It is proposed that the existing premiums be left unchanged for 1993.

The Guardian have agreed, at no additional charge, to increase the Voluntary Property Damage limit from \$2,000 to \$3,000.

D. Malpractice Plan - In last year's report we stated "the Guardian Insurance Company is prepared to guarantee their Malpractice rates for 1993 subject to a maximum cap of 8% for 1993". We are pleased to advise that, as a result of lengthy negotiations, the Guardian has offered to leave the Malpractice premiums unchanged for 1993.

In addition the Guardian Insurance Company is prepared to guarantee their Malpractice rates/premiums for 1994 subject to a maximum cap of 8% for 1994. In other words, regardless of how bad the Malpractice loss experience may be over the next year, the Guardian has agreed not to increase the Malpractice premiums in 1994 by more than 8%.

In each report we point out that one of the main concerns of everyone involved with CDSPI is to keep the program strong and viable.

We would now like to remind everyone of an important mid-term change that was negotiated with the Guardian regarding those individuals who are retired, deceased, or totally disabled. Effective January 1, 1992, the free five-year extension for these persons has been changed to a free unlimited extension for as long as the program remains with the Guardian. This overcomes the problem in connection with the Statutes of Limitations which vary from province to province.

E. Personal Umbrella Liability Plan (PULP) - The Guardian is proposing that the limits and premiums remain unchanged, under this section, for 1993. The premiums, which we are using, continue to be extremely competitive.

F. Guaranteed Insurance Market - The Guardian has guaranteed that they will offer renewal terms to the CDIP for the years 1993, 1994, 1995, and 1996. This gives you a guaranteed market until at least January 1, 1997.

G. Inflation Factor for 1993 - As everyone is aware, at the present time, inflation is at a very low level. As a result of discussions with the Guardian Insurance

Company we would recommend that all Office Contents and Practice Interruption limits be increased by between 3% and 5% in 1993 to reflect the impact of inflation.

Because of the slight additional premium involved we would recommend that you use a factor of 5%.

H. Insurance Coverage for Graduates - It is our understanding that in 1991 there were a total of approximately 345 dentistry graduates in Canada and that you wound up providing general insurance coverage for 129 of these individuals. Ideally each and every one would place their insurance needs through CDSPI.

In order to encourage as many graduates as possible to insure through CDSPI the Guardian is prepared, effective June 1, 1992, to provide Office Contents, Practice Interruption, CGL coverage, and Malpractice coverage free of charge for the balance of the year (until January 1, 1993). Effective January 1, 1993, these individuals would then of course be billed by CDSPI in the normal fashion.

It is possible, however, that you may feel this offer to be a little too generous. As an alternate approach you might like to work out the correct pro-rata additional

premium and then apply a 50% graduate discount. This should help eliminate the possibility of graduates, knowing that there is no premium involved, asking for far more coverage/higher limits than they require with the intention of reducing or cancelling these coverages when they are billed for the full and proper premium at the beginning of the next year.

RATE SCHEDULE

1993 GENERAL INSURANCE - RENEWAL COMPARISONS

	<u>Current Rates (1992)</u>		<u>Proposed Rates (1993)</u>	
	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>
A. <u>OFFICE CONTENTS:</u>		Per Provincial Schedules	Unchanged	Unchanged
<u>Valuable Papers</u> (per \$1000)	1.49	1.71	1.49	1.71
<u>Extra Expense</u> (per \$1000)	1.49	1.71	1.49	1.71
<u>Money & Securities</u> (per \$1000)	19.68	22.63	19.68	22.63
<u>Dishonesty & Forgery</u> (per \$1000)	4.70	5.41	4.70	5.41
<u>Accounts Receivable</u> (per \$1000)	1.49	1.71	1.49	1.71
<u>Rental Value</u> (per \$1000)	1.49	1.71	1.49	1.71
<u>Additional Lease Expense</u> (per \$1000)	1.00	1.15	1.00	1.15

<u>B. PRACTICE INTERRUPTION:</u>			
<u>(per \$1000)</u>			
<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>
1.48	1.70	1.48	1.70
	(0-50,000)		(0-50,000)
1.10	1.27	1.10	1.27
	(50,001+)		(50,001+)

C. COMPREHENSIVE GENERAL LIABILITY:

\$2,000,000 inclusive	98.00	113.00	98.00	113.00
\$3,000,000 inclusive	130.00	150.00	130.00	150.00
\$4,000,000 inclusive	149.00	171.00	149.00	171.00
\$5,000,000 inclusive	163.00	187.00	163.00	187.00

D. PULP:

\$3,000,000 excess	114.00	131.00	114.00	131.00
\$4,000,000 excess	131.00	151.00	131.00	151.00
\$5,000,000 excess	143.00	164.00	143.00	164.00

* Please Note: (Net + 15% = Gross)

The gross premiums proposed for 1993 have been rounded to the nearest dollar.

E. MALPRACTICE1992 PREMIUMS

	\$500 Ded.		\$1000 Ded.		\$2000 Ded.	
	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>
2,000,000/ 6,000,000 aggregate	585.	673.	561.	645.	546.	628.
3,000,000/ 9,000,000 aggregate	637.	733.	613.	705.	598.	688.
4,000,000/ 12,000,000 aggregate	668.	768.	644.	741.	629.	723.
5,000,000/ 15,000,000 aggregate	694.	798.	670.	771.	655.	753.

Auxiliaries:

2,000,000/ 6,000,000 aggregate	17.	20.	Not available
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PROPOSED 1993 PREMIUMS

Same as 1992 premiums (see above)

* Please Note: (Net + 15% = Gross)

The gross premiums have been rounded to the nearest dollar.

EQUIPMENT BREAKDOWN COVERAGE

At the present time, in several provinces, dentists are being asked to purchase equipment breakdown coverage. At this time we are enclosing a copy of a brochure being circulated by Healthco. This coverage is being underwritten by Boiler Inspection and Insurance Company of Canada.

Apparently this type of coverage is subject to a \$500.00 deductible and the first eight hours of business interruption are not covered. The cost, depending upon the values involved, is at least \$250.00 a year.

We have discussed this briefly with the Guardian Insurance Company and they have agreed that they could provide similar coverage should you so desire.

The Guardian proposes that this would only be offered, as an additional option, to those participants who already have their Office Contents coverage through CDSPI. Their proposed annual premium, regardless of the values involved, would be \$175.00 (gross).

The Guardian would also make this coverage available to those who have purchased the proposed Tripleguard (see Tripleguard section) as an additional option for an annual premium of \$125.00. (gross).

Should you be interested in this additional form of protection being provided it would be our suggestion that it be as an option and not as a new Plan.

We would be pleased to discuss this with you at your forthcoming meeting.

MAX PROTECTION PLUS

Coverage For All The Equipment A Dentist Needs Most

Why? A recent survey indicated equipment failure as being your Number One concern. Damage to your equipment can be costly and disruptive. "Max Protection Plus" will reimburse you for the repair or replacement of failed equipment/systems. It will also compensate you for loss of income.

What is covered? Almost all of your equipment that is either mechanical or electrical such as X-Ray equipment, Patient chair units, compressed air systems, pumps, generator processors, sterilizers . . . , as well as computers, copiers, heating and cooling systems. .

MAX PROTECTION PLUS covers your equipment and your other property damaged as a result of a breakdown, with no limit. It also covers lost income resulting from a breakdown of equipment you own or equipment used to supply services to the building you occupy.

What is the Deductible? \$500.00 will be deducted from the total loss. The first 8 hours of business interruption are not covered.

What is the real benefit to you? Max Protection Plus provides excellent coverage for your premium dollar. Here are some examples of damage that would be covered.

- Panoramic X-ray generator tube broke down.
Property damage: \$7,240.00
Lost Income: \$1,175.00
- Patient chair motor and lift assembly broke down under load.
Property damage: \$1,325.00
- Intra-Oral X-ray fell off wall damaging dental unit.
Property damage: \$3,510.00
- Suction Device suffered impeller damage.
Property damage: \$1,495.00
- Electrical underground cables shorted to ground and resulted in lack of power to the building.
Time to restore power: 2 days

DATA PROCESSING INSURANCE PLAN

Over the past several years more and more dentists are purchasing computer systems. Subject to the terms and conditions of the policy wording these computers are covered, for many types of losses, under the existing Office Contents plan offered by CDSPI.

We have, however, after many months of discussions with officials of CDSPI and the Guardian Insurance Company prepared a broad "all risk" wording to cover those individuals who have already installed, or are considering purchasing, data processing equipment.

A brief description of the coverages and pricing is as follows:

Coverages

INSURING AGREEMENT NO. 1 - Data Processing System Equipment

INSURING AGREEMENT NO. 2 - Data Processing Media
(\$25,000 included)

INSURING AGREEMENT NO. 3 - Extra Expenses (\$25,000 included)

INSURING AGREEMENT NO. 4 - Practice Interruption
(\$50,000 included)

- Mechanical Breakdown coverage included.

- Covers "active data processing media" meaning all forms of converted data and/or program and/or instruction vehicles used in the insured's data processing operations, subject to a basic limit of \$25,000 which may be increased to any limit required.
- Covers Extra Expense arising out of damage to the data processing system and data processing media, subject to a basic limit of \$25,000 which may be increased to any limit required.
- Covers Practice Interruption arising out of damage to the data processing system and data processing media, subject to a basic limit of \$50,000 which may be increased to any limit required.
- Provides coverage for Halon and Carbon Dioxide Systems Discharge if system is discharged either as a result of a peril insured or accidentally.

ANNUAL RATES FOR ALL PROVINCES

\$250.00 DEDUCTIBLE

COVERAGES

RATE (Per \$1,000.00)

- INSURING AGREEMENT NO. 1 \$3.50
Data Processing System
Equipment

ADDITIONAL COVERAGES

	BASIC LIMITS	OPTIONAL UNITS PER \$1,000	MAXIMUM LIMIT	RATE PER \$1,000
- INSURING AGREEMENT NO. 2 - Data Processing Media	\$25,000	\$1,000	N/A	\$3.50
- INSURING AGREEMENT NO. 3 - Extra Expense	\$25,000	\$1,000	N/A	\$1.71
- INSURING AGREEMENT NO. 4 - Practice Interruption	\$50,000	\$1,000	N/A	\$1.27

The above noted rates are gross. The minimum annual premium would be \$50.00 (gross).

It would be our suggestion that this be offered as a new plan with an implementation date of September 1, 1992, or January 1, 1993.

TRIPLEGUARD PACKAGE PLAN

For the past few years we have been suggesting that consideration be given to the implementation of a total package policy which, for lack of a better word, we are calling "Tripleguard". It has been our contention that CDSPI is offering modern day coverage using obsolete methods.

At the present time a dentist has the option of purchasing any one or all of the following through CDSPI:

Office Contents/Comprehensive General Liability/Practice Interruption. Some times a dentist has one portion through CDSPI and another portion through his own local broker.

According to information supplied to our office by CDSPI you have more than 3,000 participants who are carrying the three necessary components of Tripleguard, i.e., Office Contents/Comprehensive General Liability/Practice Interruption.

There are approximately 5,000 dentists who have Office Contents insurance coverage through CDSPI (based on 1991 year-end figures). There are approximately 4,200

participants in the Practice Interruption portion and approximately 6,400 Memorandum of Insurance as far as CGL coverage is concerned.

Some of the benefits derived from the implementation of a Tripleguard plan would be as follows:

1. Broader protection than a participant can get by buying the coverages separately.
2. Lower premiums in most instances for those individuals who already have all three components and whose Practice Interruption limits are reasonably high. For those who have reasonably high Office Contents limits and very low Practice Interruption limits there will be, in some cases, slight additional premiums involved.
3. A rating schedule which will simplify the job of all PSR's at CDSPI when giving quotes to dentists who require all three types of coverage.
4. It will make it much easier for dentists to figure out rates/premiums when they are looking at the annual premium tables which you send out each year.
5. The extensions of coverage, under the Office Contents section, will, offer higher limits at no additional premium.

Valuable Papers and Records	-	\$15,000	
Extra Expense	-	15,000	
Money and Securities	-	15,000	(maximum limit of \$25,000)
Comprehensive Dishonesty & Forgery	-	15,000	(maximum limit of \$75,000)
Accounts Receivable	-	15,000	
Rental Value	-	15,000	
Additional Lease Expense	-	15,000	
Unnamed Location Coverage	-	15,000	

6. Practice Interruption coverage will be on an actual loss sustained basis, i.e., no limit.
7. Equipment Breakdown coverage (see separate section in this proposal) could be offered, as an extra option, at a very competitive premium.
8. The CGL limit will be \$2,000,000 and higher limits can be purchased, for additional premiums, up to \$5,000,000.
9. Lock Replacement limit will automatically be increased from \$500.00 to \$1,000.00.
10. As mentioned above the Practice Interruption coverage would be written on an actual loss sustained basis (no limit to the amount which would be paid in the event of a loss) which would also eliminate the

necessity of a dentist trying to determine how much Practice Interruption insurance he or she needs in the first place.

We feel that the minimum contents limit for the Tripleguard policy should be \$25,000 and that if a person needs less than this amount then they should have to purchase separate coverage. In actual fact we understand that there are only a handful of people that would be at the \$25,000 level or less.

The Tripleguard plan would be watched very closely (loss experience) and hopefully, depending upon the loss experience, we would be able to continually improve coverages while keeping the rates and premiums competitive.

Should you approve the implementation of a Tripleguard plan we would suggest an implementation date of January 1, 1993. It would be our suggestion that all of those individuals who presently have all three components (Office Contents/Practice Interruption/Comprehensive General Liability) automatically be switched onto the Tripleguard plan as of January 1, 1993. All of these individuals would be getting broader protection and at the same time the majority will also be looking at lower premiums. It is always possible that a small number of

the dentists who are looking at slightly higher premiums will complain and, if this is the case, they can always go back to purchasing individual coverages.

We would anticipate that, in the first year, there will certainly be a reduction in the revenue generated by CDSPI because of the number of individuals who would go from the three individual coverages to the Tripleguard. We know, however, that CDSPI will make a concerted effort to sell the Tripleguard to all of those individuals who presently only have one or two of the components as well as to all new applicants. We would anticipate over the next couple of years that the lost revenue would be recouped as more and more participants, who presently only have one or two components, purchase the Tripleguard contract.

Our proposed rate schedule has already been approved by the Guardian Insurance Company and is on file with CDSPI.

We also wish to confirm that the Guardian Insurance Company has agreed to guarantee the proposed 1993 rate schedule for 1994, subject to a maximum cap of 8%.



APPENDIX B(i)

25 March 1992

The Prudential Group Assurance Company
of England (Canada)

26 Wellington Street East,
Toronto, Ontario M5E 1J6

Tel (416) 360-1560
Fax (416) 360-6754

Mr. Kingsley D. Butler, C.A.
Executive Vice President
CDSPI
100 Consilium Place
Suite 710
Scarborough, Ontario
M1H 3G8

Dear Kingsley

Re: HIV+/HEP B+ Provision

I am pleased to outline the provision developed in response to our discussions regarding the above outlined topic.

The definition of disability for the CDIP long term disability plan requires that the insured member must be unable to perform the duties of his/her regular occupation as a result of sickness or injury. An individual who is sero positive for the Human Immunodeficiency Virus (HIV+) or the Hepatitis B Virus but without symptoms does not clearly meet the definition since he/she is not physically incapable of performing their duties. As such they would not qualify for benefits under the base plan or the own occupation rider. However, it is recognized that their practice may be restricted and as a result, a loss of income may occur.

In recognition of this, we are proposing the long term disability benefit be amended to include wording suggested to be as follows:

HIV+/HEP B+ Provision

An insured person who contracts HIV+ or HEP B+ virus will be considered to have incurred a covered residual disability, without the prerequisite that they suffer a symptomatic disability, if such condition:

1. Prevents the insured person from earning more than 15% of his or her average net monthly income for the period before his or her practice was limited and/or the condition was disclosed as a result of contracting such infection, and
2. occurs before the insured reaches age 65



For the purpose of this provision, HIV+ and HEP B+ means the following conditions, but only if the applicable medical and/or dental profession or appropriate governmental agency requires the disclosure of the diagnosis of the condition and/or a limitation of his or her practice due to contracting such condition:

Human Immunodeficiency Virus ("HIV"), Acquired Immune Deficiency Syndrome ("AIDS"), or acute Viral Hepatitis (Hepatitis B Virus).

The Company will pay a monthly benefit in accordance with the terms of the policy governing the calculation of a residual monthly disability benefit in proportion to the percentage of income loss.

The monthly benefit will continue to the earlier of:

- . recovery from the condition,
- . the date the insured member no longer suffers a loss of average monthly earned income greater than 15%,
- . the date the insured becomes entitled to disability benefits under the definition of total and/or residual disability,
- . the date the insured reaches age 65, or
- . the date the insured dies.

It must be clearly stated that this provision applies only to the long term disability benefit. It is not a provision we are prepared to include in the office overhead policy.

As advised the impact on experience from the inclusion of such a provision is difficult to quantify. We feel there will be some positive effects from the avoidance of own occupation claims. We are prepared to include the provision at no premium increase at this time. Experience will be monitored as it unfolds. This may require premium adjustment in the future.

I would be pleased to discuss this with you further at your convenience.

Yours sincerely

(Mrs.) Barbara Holmes
Manager
Association Services

BH/ct



4 May 1992

The Prudential Group Assurance Company
of England (Canada)

26 Wellington Street East
Toronto, Ontario M5E 1J6

Tel (416) 360-1560
Fax (416) 360-6754

Mr. Kingsley D. Butler, C.A.
Executive Vice President
CDSP1
100 Consilium Place
Suite 710
Scarborough, Ontario
M1H 3G8

Dear Kingsley

Re: HIV+/HEP B+ Provisions

You asked that I clarify in writing some of the situations we had discussed with your committee where the insurance plan would/would not admit liability for claims presented under the above named provision.

The intent of the provision is to recognize that there may be a loss of income associated with being HIV+ or HEP B+ resulting from the required disclosure and/or limitation of the dental practice by the licensing body or other appropriate governmental agency. Since these insured members would be asymptomatic they would not be physically incapable of performing their regular duties were it not for the limitation of their practice.

The four situations outlined on the attachment provide some possible claim scenarios. Although they stipulate the regulatory body must impose some restriction/limitation on the practice thereby resulting in the loss of income, it is to be noted that the regulatory committee is not the final decision making body. As we discussed, the adjudicator has the right to investigate and make the appropriate determinations based on the evidence of each individual claim. I hope you find them helpful in discussing this matter further with your committee.

Yours sincerely

(Mrs.) Barbara Holmes
Manager
Association Services

BH/ct



Dr. A. is diagnosed as being HIV+ and is required to disclose this state to his licensing body. He is restricted from certain procedures, and this results in a loss of income. The plan would pay a monthly benefit equivalent to the proportionate loss of income for each month of continued loss beyond 15% of pre-disability income.

Dr. B's practice requires him to perform dental procedures in a hospital. He also teaches dentistry. He is diagnosed as a HEP B carrier and loses hospital privileges as a result of this. He is able to carry on with his teaching duties and his private practice, but suffers a loss of income due to his inability to carry out procedures requiring hospital privileges. The plan would pay a monthly benefit equivalent to the proportionate loss of income for each month of continued loss.

Dr. C. contracts HEP B and decides he does not wish to practice due to this. He sells his practice and opens a non related business and has an income which is reduced. This claim would be denied as there have been no restrictions placed on his ability to practice by the regulatory agency. It was the sole decision of the dentist to make this occupational change.

Dr. D. contracts the HIV virus and it becomes known to his patients. He has been advised in the appropriate procedures and continues to practice, however his patient load decreases in spite of this. This would not be sufficient criteria since Dr. D. has not had any restrictions or limitations placed on his ability to practice.

COMMISSION ON DENTAL ACCREDITATION OF CANADA

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

- Members:** Dr. Ralph Brooke, London - Chairman
Dr. Kenneth Bentley, Montreal
Dr. Henry Dick, Edmonton
Prof. Margery Forgay, Winnipeg
Dr. Michael Lasko, Winnipeg
Dr. Brian Leroy, Edmonton
Dr. Guy Maranda, Ste-Foy
Dr. David Murphy, Halifax
Mrs. Marlane Paquin, Vancouver
Dr. Denis Robert, Ste-Foy
Dr. Kevin Roach, Pembroke
Ms. Susanne Sunell, Vancouver
Dr. Richard Pass, Burlington
Dr. Philip Watson, Don Mills
Ms. Donna Wells, North York
- Observers:** Dr. Gordon Thompson, Edmonton, CDA Council on Education
Dr. Mario Santangelo, Chicago,
ADA Commission on Dental Accreditation
- Staff:** Mr. Brian Henderson, Director
Ms. Susan Matheson, Associate Director
Dr. Arthur Schwartz, Associate Director
Ms. Gay MacQuarrie, Coordinator

1. Commission Meetings

Since the 1991 Annual Meeting of the CDA Board of Governors, the Commission on Dental Accreditation of Canada has convened two meetings: a special meeting on November 18, 1991 to hear an Appeal; and its regular annual meeting on November 19, 1992.

ITEMS REQUIRING BOARD ACTION

2. Terms of Membership

When the Council on Education and Accreditation was divided in 1989 into the Council on Education and the Council on Accreditation (currently known as the Commission), staggering of terms for members had not been arranged. Subsequent to the November 1991 meeting of Commission, all member organizations of the Commission have ratified in writing the following staggered terms of membership.

RESOLVED:

92.97 THAT the following staggered terms of membership for the Commission on Dental Accreditation of Canada be accepted:

Dr. R. Brooke Chairman (ON) (ACFD/Deans)	1995 (2)
Dr. K. Roach (ON) (CDA)	1996 (2)
Dr. D. J. Murphy (NS) (CDA Hosp. Inst. Dent.)	1996 (2)
Dr. H. Dick (AB) (ACFD)	1994 (2)
Dr. D. Robert (PQ) (ACFD)	1996 (2)
Ms. S. Sunell (BC) (ACFD/Allied)	1995 (2)
Dr. K. Bentley (PQ) (NDEB)	1994 (2)
Dr. P. A. Watson (ON) (NDEB)	1995 (2)
Dr. B. E. Leroy (AB) (Lic. Auth.)	1996 (2)
Dr. M. Lasko (MB) (Lic. Auth.)	1994 (2)
Dr. G. Maranda (PQ) (RCDC)	1995 (2)
Mrs. M. Paquin (BC) (CDAA)	1994 (2)
Ms. M. Forgay (MB) (CDHA)	1996 (2)
Dr. R. Pass (ON) (CDA Dent. Spec.)	1994 (2)
Miss D. Wells (ON) (Consumer/Public)	1996 (2)

ADOPTED

Note: As per resolution 92.53, the Dental Specialty representative will be Dr. Ian Vogan.

3. Certification of Allied Dental Personnel

At the 1990 meeting of the Council on Accreditation, Terms of Reference were presented for a proposed Ad Hoc Committee on Certification. It was explained that the intent of the ad hoc committee was to serve as a mechanism establishing policy and guidelines on the operation of certification processes meriting support by the Canadian Dental Association. It was also suggested that the Council on Accreditation, now the Commission on Dental Accreditation of Canada, should function as the Ad Hoc Committee on Certification. The Council on Accreditation amended the proposed Terms of Reference to limit its concern to certification of Allied Dental Personnel and presented them to the CDA Board of Governors for approval, along with a recommendation that the Council on Accreditation— now the Commission on Dental Accreditation of Canada— function as the ad hoc committee. The Canadian Dental Association Board of Governors agreed with all of the Council's recommendations and passed the following motion:

THAT the CDA Board of Governors request the Council on Accreditation to function as an Ad Hoc Committee on Certification, reporting to the CDA Board of Governors, with terms of reference as set out in the document entitled "Terms of Reference: Ad Hoc Committee on Certification for Allied Dental Personnel." [Resolution 91.36]

In June 1991, the Canadian Dental Association Council on Education met and discussed the same topic in the context of Certification of Dental Specialists. It was felt that the concept of an Ad Hoc Committee on Certification was appropriate, but that the Council on Education--rather than the Council on Accreditation--should function as the ad hoc committee. It was suggested that it was important to separate the processes of accreditation and certification in order to insure that potential for conflict of interest was avoided. The Council on Education accordingly passed a motion that the Ad Hoc Committee on Certification be made a committee of the Council on Education and not the Commission on Dental Accreditation.

The Commission agreed with the recommendation of the Council on Education. The Commission on Dental Accreditation of Canada accordingly requests the CDA Board of Governors to approve a motion requesting that the CDA Council on Education--rather than the CDA Commission on Dental Accreditation--function as the Ad Hoc Committee on Certification for Allied Dental Personnel.

APPENDIX I

RESOLVED:

92.98 THAT, Resolution 91.36, as approved by the Board of Governors, be revised so that the Council on Education, and not the Council on Accreditation, will function as an Ad Hoc Committee on Certification with terms of reference as set out in the document entitled "Terms of Reference: Ad Hoc Committee on Certification for Allied Dental Personnel" [Approved April, 1991]; and,

THAT "Council on Education" be substituted for "Council on Accreditation" in the Terms of Reference.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. New Name and Logo

APPENDIX II

In the fall of 1991, Consumer and Corporate Affairs officially recognized changes to the Canadian Dental Association Constitution and By-Laws which saw the Council on Accreditation become the "Commission on Dental Accreditation of Canada" or "Commission de l'agrément dentaire du Canada".

In addition, on January 1, 1992, the Commission began using its new logo on all correspondence and printed documents.

5. Terms of Reference - Sub-Committees

Terms of Reference for the following sub-committees of the Commission were developed (in some cases) and reviewed for consistency: Documentation Committee, Dental Education Programs Committee, Allied Dental Education Programs Committee, Health Facilities Committee, and Nominating Committee.

6. 1991 Surveys

Based on site visits in 1991, the Commission accredited seven Dental Hygiene education programs and three Dental Assisting education programs across Canada. The following programs were accredited:

Dental Hygiene Education Programs

Algonquin College, Ottawa
Cambrian College, Sudbury
Canadian Forces Dental Services, Base Borden, ON
Fanshawe College, London, ON
Georgian College, Orillia, ON

Hygiène Dentaire Education Programs

La Cité Collégiale, Ottawa
Le Collège Cambrian, Sudbury

Dental Assisting Education Programs

Canadian Forces Base, Borden, ON
East Kootenay Community College, Cranbrook, BC
Open Learning Agency, Richmond, BC

The Commission reviewed progress reports from four undergraduate dental education programs, five specialty dental education programs, five internship education programs, and three health facility dental services.

7. **1992 Survey Schedule**

For 1992, the Commission will have completed a total of 32 accreditation surveys of the following:

- University of Toronto (DDS and seven specialty education programs),
- Université Laval (DMD and one specialty education program),
- McGill University (DDS and one specialty education program),
- four Dental Assisting education programs,
- two Dental Hygiene education programs,
- ten health facility dental services, and
- twelve internship education programs.

8. **New Applications for Accreditation**

Two health facilities submitted new applications for accreditation, one for accreditation of a dental service and one for accreditation of an internship education program in pediatrics. The applications were accepted and the Commission plans to visit the health facilities in 1993.

9. **Accreditation Fees**

Until 1992, specific provision had not been made in the schedule of accreditation fees for a fee to offset the cost of accreditation visits to internship or residency education programs at hospitals. However, a fee has always been charged the health facility to cover the costs of the accreditation site visit to a dental service (as distinct from a dental internship or residency education program). This fee was recently raised to \$850.

Dental internship or residency education programs normally fall under the purview of the dental faculty at a university with which the hospital is affiliated. Faculties of dentistry pay accreditation fees annually, on the basis of an invoice presented by the Association of Canadian Faculties of Dentistry.

The Commission approved the annual invoicing of the Association of Canadian Faculties of Dentistry for accreditation fees of \$170 per annum per university teaching hospital associated with a single internship or residency education program administered by the faculty. The new policy also covers the direct invoicing of a health facility not affiliated with a faculty but with an accredited internship education program. Over a five-year cycle, the fee collected will be \$850, equivalent to the fee paid by the dental service.

10. **McGill University - Faculty of Dentistry**

The Commission received for information a report submitted by the CDA Director of Education and Accreditation to Dr. François Tavenas, Vice-Principal, Planning and Resources for the University. The report was submitted to the University in response to Dr. Tavenas's request of September 18, 1991 to elaborate on the current accreditation status of the undergraduate program in dentistry at McGill University.

In a December 17, 1991 confidential letter of conveyance regarding the accreditation status of the Doctor of Dental Surgery education program at McGill University, the Commission expressed to the Dean its support for the Faculty of Dentistry as a highly respected Canadian dental program worthy of continuing support. The Director of Education and Accreditation also sent a letter supporting the program directly to Dr. Tavenas.

11. **Clinical Outcomes Review and Evaluation (CORE)**

Beginning in 1992, the accreditation of all allied dental education programs will include a Clinical Outcomes Review and Evaluation similar to the clinical review for undergraduate dental education programs which has been conducted since 1988.

12. **Health Facility Dental Service Standards and Hospital Internship Education Program Requirements**

The Health Facility Committee of the Commission has worked diligently during 1991, and into 1992, to update dental service standards and internship education program requirements for accreditation which have not been revised since the early 1980s.

13. **Clinical, Written, and Simulation Examinations**

The Commission reviewed a motion received from the Council on Education that the Commission study and report on recent advancements in currently accepted standards in clinical, written, and simulation examinations in the health professions for consideration by the Council on Education, Commission, and licensing and certifying bodies in Canada. It was noted that the accreditation process is fundamentally concerned with programs and that examination processes are concerned with the evaluation of individuals. The Commission has informed the Council on Education, the National Dental Examining Board of Canada, and the Association of Canadian Faculties of Dentistry that it believes all these bodies have vital interests in a study which would:

- investigate examination methodologies such as simulation, and
- apply the methodologies to the educational standards and requirements.

14. **Certification of Dentists in Canada**

The "Proceedings of the Conference on Certification of Dentists in Canada" (dated October 11, 1991) which was held in Quebec City in August 1991 was discussed. The Commission has agreed to pursue further development of the Clinical Outcomes Review and Evaluation process, as recommended. The question of additional representation on the Commission from licensing authorities was discussed. It was concluded, with input from the licensing authorities, that current representation is adequate. Finally, the Commission discussed a recommendation to participate with the National Dental Examining Board in reviewing the process of equivalency of written and clinical board examinations in the United States. It was concluded that the initiative for such a review rests with the National Dental Examining Board and that it is not within the Commission's mandate to pursue.

15. **Infection Control and Accreditation Requirements and Standards**

Work is underway to incorporate, where appropriate, CDA Resolutions numbered 91.45 and 91.55 regarding infection control into accreditation requirements for education programs and standards for health facilities.

16. **Closing**

On behalf of the Commission, I wish to express thanks to Brian Henderson, Director of Education and Accreditation, Susan Matheson, Associate Director, Gay MacQuarrie, Coordinator and Laura Malo for the excellent staff support provided the Commission, its committees and accreditation site surveys.

Respectfully submitted,

Ralph Brooke, B.Ch.D., L.D.S.,
Cert. Oral Pathology, MRCS, LRCP,
FDSRCS, FRCD, FICD
Chairman, Commission on Dental
Accreditation of Canada

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Commission on Dental Accreditation of Canada.

EXISTING

Ad Hoc Committee on Certification
for Allied Dental Personnel

Terms of Reference

The membership of the Council on Accreditation, meeting as a committee as a whole, shall constitute the membership of the Ad Hoc Committee on Certification. The Ad Hoc Committee on Certification shall report to the CDA Board of Governors.

It shall be the duty of the Ad Hoc Committee on Certification to:

- i) Promote the development of self-supporting certification processes for graduates of educational programs for allied dental health personnel, as quality assurance processes supplementing accreditation and contributing to national portability of program graduates.
- ii) Cooperate with CDHA, CDAA and other associations representing allied dental health personnel to promote such development.
- iii) Cooperate with licensing authorities to develop linkage between national certification and recognition or licensure of allied dental health personnel.
- iv) Cooperate with the Council on Education, ACFD and other educational organizations with an interest in certification as a quality assurance process.
- v) Consider, recognize and approve certification policies and processes consistent with criteria and policies adopted by the committee.

Approved - CDA Board of Governors
April, 1991

PROPOSED

Ad Hoc Committee on Certification for Allied Dental Personnel

Terms of Reference

The membership of the **Council on Education**, meeting as a committee as a whole, shall constitute the membership of the Ad Hoc Committee on Certification. The Ad Hoc Committee on Certification shall report to the CDA Board of Governors.

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- iii) Cooperate with licensing authorities to develop linkage between national certification and recognition or licensure of allied dental health personnel.
- iv) Cooperate with the Council on Education, ACFD and other educational organizations with an interest in certification as a quality assurance process.
- v) Consider, recognize and approve certification policies and processes consistent with criteria and policies adopted by the committee.



APPENDIX II

Commission on Dental Accreditation of Canada Commission de l'agrément dentaire du Canada

1815 Alta Vista, Ottawa, Ontario K1G 3Y6
TELEPHONE: (613) 523-1770 FAX: (613) 523-7489

In cooperation with:
En collaboration avec:

Canadian Dental Association
L'Association dentaire canadienne

Alberta Dental Association

College of Dental Surgeons
of British Columbia

Manitoba Dental Association

New Brunswick Dental Society
La Société dentaire
du Nouveau Brunswick

Newfoundland Dental Board

Provincial Dental Board
of Nova Scotia

Royal College of Dental Surgeons
of Ontario
L'ordre Royal des chirurgiens
dentistes de l'Ontario

Dental Association
of Prince Edward Island

Ordre des dentistes du Québec
Order of Dentists of Quebec

College of Dental Surgeons
of Saskatchewan

Association of Canadian
Faculties of Dentistry
Association des facultés dentaires
du Canada

CDA
Dental Specialties Committee
ADC
Comité des spécialités dentaires

National Dental Examining Board
of Canada
Le bureau national d'examen
dentaire du Canada

Royal College of Dentists
of Canada
Le collège Royal
des chirurgiens dentistes
du Canada

Canadian Dental Assistants'
Association
L'Association canadienne
des assistantes dentaires

Canadian
Dental Hygienists' Association
L'Association canadienne
des hygiénistes dentaires

**ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY
L'ASSOCIATION DES FACULTÉS DENTAIRES DU CANADA**

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The 1992 annual general meeting of the Association was held in Edmonton, June 20th to 23rd. The various committees have given their approval to the first year of activities under the new structure at ACFD/AFDC. Recommendations were directed to the Management Committee in order to improve the relationship between the Faculties and the Association.

At the general meeting the subject of Clinical Competence was discussed along with the proposed Examiner/Observer system of NDEB in collaboration with the dental Faculties. The discussions helped to shed light on these important topics and to dispel, we hope, certain misconceptions. Association members also received a report on how the pilot External Examiner/Observer system conducted by the NDEB has been implemented in five of the Faculties of Dentistry across Canada. All of the schools taking part were in agreement that this system had worked well and efficiently.

The W.W. Wood Award for Excellence in Dental Education was established in 1991 in memory of Dr. William Wood, who during his lifetime, was a dedicated and active member of the ACFD/AFDC. Eight recipients have been named by their Faculties in this first year and their achievement acknowledged during the annual meeting: Dr. William K. Lobb, Dalhousie; Dr. Don M. Collinson, University of Alberta; Dr. Helen Lyttle, University of Manitoba; Dr. Russell A. Hugill, University of Western Ontario; Dr. William Sanders, McGill University; Dr. Robert Loney, University of Saskatchewan; Dr. Lance Rucker, University of British Columbia and Docteur Jean Turgeon, Université de Montréal.

Dr. Helen Lyttle, University of Manitoba was elected Vice-President of the ACFD/AFDC. The untimely departure of Dr. Bruce Graham, who accepted the deanship at the University of Detroit, prompted the Management Committee to recommend the following motion that was approved by Council. The President, Dr. Gérald Albert and Vice-President, Dr. Helen Lyttle, will serve in their present positions for two years and Dr. Ralph Brooke will continue to hold the office of Past-President for one more year.

The ACFD/AFDC Council passed a motion at its June meeting supporting the position that all Level 1 dental assistants should be encouraged to complete a formal course of study. The President of the ACFD/AFDC will be forwarding this motion and a letter to affiliate members, the CDAA, the CDA and all Provincial Licensing Authorities for their information.

The CDA Student Affairs Committee representative to the ACFD/AFDC Council, Dr. Deborah Cooper-Lall presented a position paper entitled "Student/Staff Relations: Something to Think About". This paper was well received by those attending the Council meeting and a frank and enlightening discussion followed her presentation.

Effective immediately, the status of the School of Dental Medicine at Laval University has been changed to that of a Faculty by the Administrators at Laval. Dr. Roland Vallée was named Director in March. The statutes of the University are very clear in that the procedure for the nomination of a dean must now be set in motion. Dr. Vallée will remain in his position until a dean has been named.

The Faculty of Dentistry at McGill will be taking first year students this coming September. Although activities have resumed the Faculty must respond to the recommendations that were part of the Planning and Priorities Subcommittee terms for keeping the Faculty open. We are confident that the response will be positive. Dean Barolet worked extremely hard and was instrumental, with help from his staff of many years, in reversing the decision.

Fresh off the press!! Dr. Marcia Boyd has been named Dean of the Faculty of Dentistry at the University of British Columbia. She has held various positions at the Faculty including that of Associate Dean and will be completing Dr. Paul Robertson's term. Dr. Boyd was President of ACFD/AFDC in 1980 for a period of three years.

Two new Deans will be named during the next few months as Dr. Paul Robertson, UBC and Dr. Peter Innes, University of Saskatchewan have accepted positions outside of Canada, Dr. Robertson in Seattle and Dr. Innes at the University of Otago, Dunedin, New Zealand.

The 1992 Summer Teaching Institute was successfully completed in early June and plans are already beginning for the 1993 Institutes. The Summer Management Institute was not held this year and plans are in the works for a shorter and newly structured Management Institute for 1993. The ACFD/AFDC is very appreciative of the long hours of dedicated work contributed by Dr. Marilyn Robinson of the Educational Development Centre at the University of Western Ontario. Dr. Robinson spent many hours revising the manual used for the Institute. A sincere thank you to the Coordinators as well as the instructors for their time and effort in conducting these Institutes.

The Association is pleased to report that several project applications have been received and reviewed for financial support. A workshop entitled "Clinical Outcomes Review Evaluation (CORE) Workshop for Dental Hygiene Educators" will be offered support for 1992. The ACFD/AFDC is hoping to encourage applications that will benefit dentistry nationally.

The Association expressed its concern with the overall deterioration of the support of biomedical and dental research in Canada resulting from the current strategic planning process taking place within the Medical Research Council. MRC is being urged to continue to fund high quality, peer-reviewed, investigator-initiated dental research.

The 1993 annual general meeting of the ACFD/AFDC will be held in Saskatoon, Saskatchewan, June 19 - 22nd. The Management Committee of ACFD/AFDC is exploring the possibility of holding an annual general meeting in conjunction with the American Association of Dental Schools every third year.

1992 marks 25 years of ACFD/AFDC. The founders created the Association with the objective of uniting the Faculties of Dentistry in Canada and cooperating with various associations in Canada for the sake of better dentistry. Eventually this cooperation extended to the United States. Many objectives have been attained since 1967. At 25, we are very young.

Respectfully submitted,

Gérald Albert, D.D.S.
President, Association of Canadian
Faculties of Dentistry

The Board of Governors receives with appreciation the report of the Association of Canadian Faculties of Dentistry as information.

CANADIAN DENTAL ASSISTANTS' ASSOCIATION

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

The Canadian Dental Assistants' Association welcomes this opportunity to report to the Board of Governors on the activities of our Association.

CDA Executive:	President:	Betty Copp, New Brunswick
	Vice-President:	Gail Armitage, Alberta
	Past President:	Ellen McCloskey, Prince Edward Island
	Registrar:	Maureen Symmes, Alberta

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. The Annual Meeting of the CDAA Board of Directors is being held in Calgary, Alberta at the time of the CDA Convention. Our Convention Chairman is Barbara Peterson.

2. National Board Certification Program

The CDAA is very pleased to report that we now have Level 1 and Level 2 Examinations in place.

Our Exam Committee is chaired by our Registrar, Maureen Symmes.

Examination development has been a focus of this committee. We have a test bank of 1400 Level 1 questions which are currently being piloted across Canada. The cooperation of several schools will enable us to present 3-4 examination forms.

We continue to request the support of Licensing bodies across Canada. It is our goal to have the National Board Certificate recognized as an acceptable standard for Registrars considering licensure of Dental Assistants entering their jurisdiction from outside of their Province.

We are very encouraged by the interest in our Program. We now have 1,200 National Certified Dental Assistants.

3. Constitution and By-Laws

The CDAA is presently considering a new Board structure as well as rewriting our Constitution.

4. National Dental Assistants Recognition Week

The week of March 23 to 28 was proclaimed National dental Assistants Recognition Week. This year our theme was "The Dental Assistant - Part of a Professional Team".

5. Publication

The CDAA Journal is published three times a year. Our editor is Diane Pike from Brockville, Ontario.

6. Office Relocation

As reported in April, the CDAA office in Lethbridge Alberta closed in November 1991. The membership services of our Association are being handled from the office of the Ontario Dental Nurses and Assistants' Association at the following address:

Canadian Dental Assistants' Association
869-871 Dundas Street
London, Ontario N5M 2Z8

Our Certification program continues to be supervised by Maureen Symmes and her Committee, and we maintain the professional services of the Educational Measurement Research Group at the University of British Columbia.

Our Continuing Education Division is being handled by Susan Anholt from the office of the Saskatchewan Dental Assistants' Association in Kenaston, Saskatchewan.

These interim measures have been working very well to this date and we are grateful to all involved. The issue of permanent relocation and hiring will be dealt with at our Annual Meeting.

7. Appreciation

As this Convention marks the conclusion of my term as President of the Canadian Dental Assistants' Association, I wish to extend sincere appreciation to the CDA management for the kindness and consideration I have received during my term.

Respectfully submitted,

Betty Copp, C.D.A.
President,
Canadian Dental Assistants' Association

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Dental Assistants' Association as information.

CANADIAN DENTAL FOUNDATION

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Directors: Dr. Bradley Holmes, Kenora, Chairman
Mr. Ron Bonar, Toronto, Vice-President
Mr. Jardine Neilson, Ottawa, Secretary-Treasurer
Dr. Arthur Schwartz, Ottawa
Dr. Doug Smith, Belleville
Dr. John Silver, Vancouver
Mr. Don Pamenter, Halifax

Coordinator: Martha Vaughan

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The CDF met in March in Toronto to discuss the marketing of the CDF. Discussions also centered on the long-term structuring of the Foundation.

1. A draft brochure, introducing and explaining the CDF was examined and is currently being rewritten.
2. CDA Management donated \$500.00 to CDF in memory of late Tyler MacLean, the son of Dr. Allen MacLean.
3. 1991 Audited Financial Statements

The 1991 audited financial statements have been completed but have not yet been approved by the CDF Board. They will be reviewed at the next Foundation meeting. Highlights of the Statements are as follows:

- The Langstaff investment earned \$186,504.00 in 1991; this was \$68,570.00 less than 1990 earned interest. The primary reason for this was the overall decline in the market which impacted on the equity and interest earned on the Langstaff investment.
- CDF granted a total of \$141,324.00 to the operations of the CDA Library.
- CDF operating expenses totalled \$45,096, a decrease of \$10,000 from 1990 expenses.

4. The Chairman will update the Board of Governors on additional developments at the time of the CDA Annual Board of Governors Meeting.

Respectfully submitted,

Bradley Holmes, President
Canadian Dental Foundation

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Dental Foundation as information.

CANADIAN DENTAL HYGIENISTS' ASSOCIATION

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

1. CDHA Executive

President:	L. Boomhour
President-Elect:	F. Cotton
Vice-President:	L. Elkins
Past-President:	M. Frizell

2. 1992 - 1993 Meeting Agenda

January (Ottawa) -	CDHA Planning Session Interim Board Executive Council
March (Ottawa) -	Executive Council
April (Ottawa) -	CDHA/Corporation Professionnelle des Hygiénistes Dentaires du Québec
June (Victoria) -	Professional Conference Annual Board of Directors Meeting Executive Council Council Sessions
September (Regina) -	Executive Council CDHA/Saskatchewan Dental Hygienists Association
November () -	Executive Council
January 1993 (Ottawa)	Executive Council Planning Session Interim Board CDA/CDHA Management

3. ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

a) Professional Conference

The 1992 CDHA Professional Conference was held in Victoria, B.C., June 6-8th. The theme of the conference focused on the Older Adult. The conference outline is appended. (Appendix I).

APPENDIX I

b) Conference 1993

CDHA will be hosting a CANADA/USA dental hygiene research conference in Niagara Falls, October 16-18th. The program planning committee, consisting of both Canadian and American Dental Hygiene Researchers, has developed a conference program to address the needs of both practitioners and researchers. Previous research conferences include Edmonton in 1990, Iowa City in 1987, Denver 1984 and Winnipeg 1981.

c) CDA/CDHA/CDA A Convention 1993

The ODHA will be hosting the CDHA at the CDA/CDHA/CDA A annual convention in Toronto, April 30-May 2nd, 1993.

d) Research Fellowship Award

The recipient of the CDHA Research Award for 1992 is to be announced in June 1992. This award of \$3,000.00 is granted annually to provide funding for a Canadian dental hygienist enrolled in a research orientated Master or Doctorate Program.

e) 12th IDHF Symposium, Hague July 1-3, 1992

CDHA Directors D. Scanlan and A. Wood represented Canada at the International Dental Hygiene Federation in the Hague, Holland. Outgoing President Dr. P. Johnson (Canada) extended an invitation to all participants to attend the 1996 meeting in Japan.

f) Code of Ethics

The Board of Directors of CDHA approved a new Professional Code of Ethics for Dental Hygiene. Copies are available from CDHA Central office and will be included in the Autumn Journal: PROBE.

APPENDIX II

g) Journal: PROBE

The official Journal of the CDHA will be increased from 4 to 6 issues annually effective 1993. Subscriptions are available at a cost of \$30.00 per year by writing CDHA, 1018 Merivale Road, Suite 201, Ottawa, Ontario K1Z 6A5

h) National Certification

CDHA hosted the first meeting of the Registrars of Dental Hygiene licensing authorities in Victoria June 3rd and 4th to discuss a national certification process for dental hygiene. Registrars representatives from Quebec, Alberta and Ontario met with the certification sub-committee of Practice and Regulation Council. A second meeting is planned in early November in Ottawa.

i) National Dental Hygiene Campaign 1992

CDHA dental hygiene campaign will be held October 18th - 24th, 1992. The theme of the campaign is "Behind Every Great Smile"... Materials for the campaign were developed by M.A. Hayes RDH, Department of Health, Province of B.C. The focus for the 1992 campaign will be "The Older Adult".

j) Dental Hygiene Care Management

APPENDIX III

CDHA Board of Directors approved a position statement on the management of dental hygiene care June 1992.

The Position Statement on the Management of Dental Hygiene Care was not available for review by CDA Executive Council at its June meeting.

At its August meeting, Executive Council expressed its strong opposition to the Position Statement taken and its concern that the Statement does not reflect arrangements consistent with the provision of optimal oral health care for the patient. Council directed that this comment be printed in the CDA Transactions.

k) Annual Board Meeting

The 1993 Annual Board of Directors meeting will be held in Ottawa, June 11th.

Respectfully submitted,

Lorraine Boomhour, RDH
President
Canadian Dental Hygienists' Association

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Dental Hygienists Association as information.



EXPLORER

March 1992

3rd Annual CDHA Professional Conference

Victoria, British Columbia — June 6-8, 1992

at the Victoria Conference Centre

"New News for Older Smiles"

Saturday June 6,
Hotel Grand Pacific
9 – 4 pm

Annual Session
CDHA Board of Directors (observers welcome)

Saturday June 6,

Conference

4 – 6 pm
Plaza Pre-function Area
Victoria Conference Centre
Hotel Grand Pacific
Suite 610 (within walking
distance of Victoria
Conference Centre)

President's Reception
(Wine & Cheese)
& Registration
Hospitality Suite

4 pm – 10:30 pm Saturday evening
7:30 am – 10:30 pm Sunday and Monday

Sunday June 7
7:30 – 8:30 am

Power Walk led by Lorraine Boomhour. Meet Lorraine in the lobby of
Hotel Grand Pacific.

7:30 – 8:30 am
Victoria Conference Centre

Registration & Continental Breakfast

Focus of Conference

The Dental Health Behaviour and Needs of the Older Adult

All sessions to be held at Victoria Conference Centre

8:30 – 9:30 am
Lecture Theatre

Keynote Speaker

H. Asuman Kiyak, PhD — professor in the Department of Oral and Maxillofacial Surgery at the University of Washington and adjunct professor in the Department of Psychology.

Quality of Life and Aging: Does Oral Health Make a Difference?

This keynote address will focus on some inconsistencies between older adults' perceptions of the importance of oral health versus dental professionals' beliefs. Such mismatch can result in poor home care and irregular use of dental services, especially among low income elders. The speaker will present information based on previous studies that highlight older people's values regarding oral health and their reasons for seeking dental care. Dental hygienists can play a vital role in applying this information to the development of more appropriate dental service for older adults that can significantly improve their quality of life.



9:30 – 10:45 am
Lecture Theatre



What Todays Seniors are asking about Dental Health

Jenny Thomas, DT, RDH, BA, MEd, a Dental Hygiene Consultant with Experdent Consultants Inc.

A dental health promotion program was initiated by the Ottawa Carleton Health Department for independent seniors living within the community.

Two needs assessments were carried out. The first investigated the information that would be useful to seniors to help them maintain their oral health. Among other issues examined, were the barriers that seemed to prevent seniors from attending the dental office and partaking of dental services recommended.

The second assessment addressed the needs of the public health nurses. These health professionals had been identified as alternate staff who might assist the lone dental hygienist in the seniors directorate to disseminate the knowledge that seniors requested.

Jenny will discuss how the results of her analysis influenced the evolution of audio-visual resources that are useful to both the private practice and community health hygienist.

10:45 – 11:15 am
Lecture Theatre



Nutrition Break

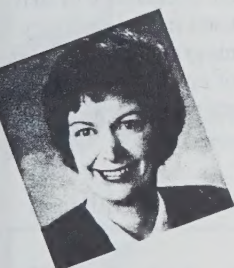
Oral Health in Old Age — Practical Problems with Practical Solutions

Michael I. MacEntee, PhD, LDS(I), Dip Prosth, FRCD(C), Professor and Chairman in the Department of Clinical Dental Sciences at the University of British Columbia.

The growing population of very old people and the apparent decline in caries in children is changing our view of the role of dentistry in society. Popular estimates suggest that there is a vast unmet need for dentistry among older people, but the basis for the estimates is weak. Dr. MacEntee will present the results of his epidemiological research on more than 1,500 elders, and he will offer a practical view on the problems dental personnel are likely to confront in a greying population.

11:30 – 12:30 pm
Salon A

12:30 – 3:30 pm
Lecture Theatre



Luncheon

Remarks, CDHA President, Terry Mitchell, and Fashion Show — A local Victoria Designer will show 10 exquisite and unique native garments.

Effects of Drug Therapy on Oral Health of the Older Adult

Judith A. Soon, BSc (Pharm), FCSHP, Consultant Clinical Pharmacist with geriatric long-term care facilities throughout B.C.

With an ever increasing segment of the population over sixty-five, the knowledgeable promotion of optimal geriatric drug therapy has become an exciting but complex area for all health professionals. An understanding of health risks and potential drug therapy problems in the older individual will assist in the identification of high-risk older adults, who may require special attention in dental treatment. The most common prescription and non-prescription drugs will be reviewed, and significant drug interactions described. Adverse drug reactions occur frequently in the older adult and are predictable and preventable 70-80% of the time. Information on the early detection and/or prevention of intra-oral manifestations of side-effects such as xerostomia, dysgeusia, gingival hyperplasia and tardive dyskinesia will be stressed. Additional topics will include the importance of a complete medical and medication history for all older adults and potential complications from poor compliance. It is important for dental hygienists to understand the drug-related challenges in geriatric medicine, and as members of the health care team, ensure that the risks associated with drug therapy are kept to a minimum.

Afternoon Stretch Break and beverages

3:30 – 4:30 pm

Behavioural Techniques to Improve Oral Health Status and Knowledge of Older Adults

H. Asuman Kiyak, PhD

Cohort differences and changes in dental care delivery have resulted in a great disparity between professionals' dental health knowledge demonstrated by older adults, especially those who are irregular users of dental care. Yet older people who have participated in systematic educational efforts have shown significant gains in awareness and oral health status. The greatest improvements have been found among elders participating in behaviourally-based educational programs consisting of multiple seminars with several other elderly and with the use of self-monitoring techniques. Research with both community-dwelling and institutionalized elders in urban and rural settings supports the value of such behaviour change techniques for oral health promotion.

Social Evening
5:15 pm
bus pick-up Grand Pacific
Hotel to be bused to
Duncan, B.C.



Monday June 8
7:30 – 8:30 am
to 9 am
7:30 – 9 am
2nd Floor Victoria Conference
Centre beside Salon A,B &C

9 – 10:30 am
Salon C
Assembly level



10.30 – 11 am

11 – 12 noon
Salon C
Assembly Level



12 – 2 pm
Empress Hotel
(Crystal Ballroom)
adjacent to Victoria
Conference Centre

2 – 4:30 pm
Salon C
Assembly Level



3 pm

8:30 – 12 noon
2 pm – 6 pm
Sidney Room

8:30 – 12 noon
2 pm.- 5 pm

2 – 5 pm

Potlatch — at the Native Heritage Centre on the banks of the beautiful Cowichan River. Dinner will be a Native Feast in a Big House with traditional native entertainment.

An opportunity to experience the authentic traditions of the Pacific Coast natives, and help keep alive the legends of these remarkable First People.
Attendance limited to 250.

Power Walk — led by Lorraine Boomhour. Meet Lorraine in the lobby of Hotel Grand Pacific.

Registration — Kiosks at front door of Victoria Conference Centre

Continental Breakfast

Current Issues in Nutrition

Claire Lightfoot, Hons. BSc (Nutrition), Registered Dietitian/Nutritionist.

As the age the of the average Canadian increases and seniors make up a greater proportion of our population, health professionals need to keep up-to-date with issues affecting older adults. Many of these issues concern nutrition and diet — a field which is also rapidly expanding.

This presentation will cover the concerns that health professionals have about the nutritional status of seniors, and the concerns that seniors have about their own nutrition. Case studies will be used to illustrate points and practical tips that hygienists can use in dealing with seniors will be given.

Nutrition Break

Caries and the Elderly Adult

D. Christopher Clark, BSc, DDS, MPH, Associate Professor and Chairman, Division of Preventive and Community Dentistry, University of British Columbia.

The presentation will describe the different risk factors that influence the occurrence of dental caries in elderly adults. The particular assessments that will be discussed include salivary function, diet, microbiological assays, use of medications and other demographic variables. Following the discussion on risk assessment, there will be an overview of current preventive strategies that might be entertained to address the problem of dental caries in elderly patients.

Luncheon

Guest speaker, The Honourable Elizabeth Cull, British Columbia Minister of Health, and Minister Responsible for Seniors.

Dental Implantology and the Hygiene

Maintenance of Implants for the Older Adult

Sharon Compton, DipDH, BS, MA (Education), Assistant Professor in the Division of Dental Hygiene, Faculty of Dentistry, University of Alberta

Part I of this session will concentrate on dental implantology as a desirable treatment modality for the older adult. Part II will focus on the implications of the hygiene maintenance and the challenge it presents to the older adult. The presentation will address the dental hygiene treatment plan for patients with dental implants, and deal with factors involved in examination and assessment of the peri-implant tissue.

Stretch Break and refreshment

All Day — Commercial Exhibits

Posters Presented by dental hygienists, dental hygiene students and older adults.

Table Clinics

Displays

608

Papers

Half-hour presentations by dental hygienists. More information in the program.

Monday Workshops
9 – 12 noon
Colwood F

Workshop Demonstrating Focus Group Research

Presented and facilitated by Jenny Thomas, DT, RDH, BA, MEd.

This unusual and innovative workshop will be of interest to anyone who is involved in health promotion, especially adult education. Local seniors will be taking part in a demonstration focus group. Participants of the workshop will therefore have a unique opportunity to learn both the methodology of focus group research as a needs assessment tool and to hear ideas from the seniors themselves. Data will be obtained from the seniors that will include the details of how the dental health promotion information might best be delivered.

Opportunity for discussion of both topics will be provided.

Workshop — limited to 30 participants

New Horizons for Dental Hygienists — Expanding beyond the Private Practice Mode

Presented and facilitated by Shirley Bassett, DipDH, BScD, President of BCDHA, and Community Health Dental Hygienist with a focus on seniors in care, and a part-time teacher at Camosun College, and Shirley Woods, DipDH, a Community Health Dental Hygienist in Victoria. The two Shirleys have worked closely together establishing a role for the dental hygienist in long-term care facilities.

A challenging and rewarding alternative awaits pioneer dental hygienists. Seniors in care need your professional expertise. This is an area of growing need and one which offers hygienists the opportunity to utilize more than just their clinical skills. This new horizon also provides the stimulation and rewards of working as part of a multi-disciplinary health care team.

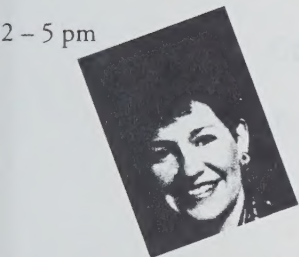
Workshop — limited to 30 participants.

Study Clubs: Learn how *you* can initiate one in your community

Presented and facilitated by Nancy Keselyak, RDH, MA, Educational Consultant for NAN-KES: Partners in Education, and Continuing Education Co-ordinator for CDHA.

This workshop will explore the "study club" concept as a form of continuing education and professional development. Various organizational options and details will be addressed to assist participants in designing a club to meet their learning needs and interests. Emphasis will be placed on a practical approach to utilizing resources within the community.

Workshop limited to 30 participants



**Marlin
Travel**

Travel arrangements

Marlin Conference Management (MCM) has been appointed by the Canadian Dental Hygienists Association as its official travel co-ordinator for the Annual Professional Conference in Victoria, British Columbia, June 6-8, 1992.

So help your Association by using Marlin and mentioning that you are travelling to the CDHA Professional Conference.

MCM has arranged a conference fare which saves you up to 60% off the regular, economy fare. MCM will always offer the lowest, applicable airfare available at the time of booking or they will refund the difference. Marlin guarantees it.

MCM can be contacted at 1-800-267-9676, between 8:30 am and 5:30 pm EST, or by 24-hour fax service at 1-800-561-6060 to handle your air transportation and post-conference tours.



The Canadian Dental
Hygienists Association
L'association Canadienne
des Hygienistes Dentaires

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Ottawa, Ontario K1Z 6A5

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Many thanks
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Aqua-fresh,
for kindly
sponsoring this
edition of the
Explorer.

**CANADIAN DENTAL HYGIENISTS'
ASSOCIATION**

CODE OF ETHICS

(Draft#5, April 19, 1992)

Table of Contents

	Page
Table of Contents_____	1
Introduction_____	2
Preamble_____	2
I. Responsibilities to the Client_____	4
Ethical Principles:	
1. Respect for Persons_____	4
2. Confidentiality_____	4
3. Veracity & Informed Consent_____	5
4. Beneficence & Quality Assurance_____	6
5. Justice_____	7
II. Responsibilities to the Profession of Dental Hygiene_____	8
III. Responsibilities of C.D.H.A. & Provincial Associations_____	8
References_____	9

Introduction:

In 1989 the Canadian Dental Hygienists' Association's (C.D.H.A.) Professional Development Council requested a revision of the C.D.H.A Code of Ethics to respond to the changing needs and values within the profession of Dental Hygiene and within society.

It is hoped that this proposed Code of Ethics will be acceptable to the majority of C.D.H.A. members. The committee that was responsible for writing this revised code include professors who teach ethics in Dental Hygiene and Dental Programs, and participants at the C.F.D.E/C.D.A. Conference on Ethics in Canadian Dentistry and Dental Education held in Toronto, September 1989. The members of the committee were Brenda Fortune, Bruce Graham, Wendy Halowski, Laura MacDonald, Susan Matheson, Mary Bondarchuk, Marg Wilson, and Nancy Prowse (Chair).

The C.N.A. Code of Ethics for Nursing was chosen as the model for this code. Ethicists Arthur Schafer and Professor David Ozar recognize the Nursing code as being an example of a document that is both educational, and provocative of reflection and dialogue about health care ethical issues.

Preamble:

The Code of Ethics sets down the **values** and **standards** of the profession of dental hygiene. The **values** express the broad ideals of dental hygiene while the **standards** are moral obligations that have their basis in the dental hygiene values. Standards provide more specific direction for conduct than do values, and specify what a value requires under particular circumstances. The Code of Ethics functions as a means to educate the public about the profession's aspirations, ethical values and standards; and, disciplinary governance of the profession's behaviour.

The practice of dental hygiene can generally be defined as a helping relationship in which the dental hygienist assists the client, and society in general, in achieving and maintaining optimal oral health. Dental hygiene educators, administrators, clinicians and researchers have as their ultimate goal, the maintenance and improvement of dental hygiene practice. Dental Hygiene has an identified body of knowledge and a distinctive expertise. The relationship between dentistry and dental hygiene should be one of professional collaboration in the provision of oral health care.

The purpose of this Code of Ethics is to:

- 1) Define and clarify ethical principles. At the beginning of each section, the ethical principle to which the values and standards apply are defined.
- 2) Identify the basic moral commitments of dental hygienists. These basic moral obligations are described under the **standards** for each section.
- 3) Serve as a source for education and reflection. It is the intent that this Code of Ethics will be used in Ethics courses to educate dental hygiene students to apply it to ethical dilemmas that occur during the educational process, and to the work setting post graduation. For dental hygienists who are currently practising dental hygiene it should serve as a guideline to resolving ethical dilemmas encountered in the employment setting.

4) Serve as a basis for self-evaluation and peer review. Dental hygienists should be able to determine if they practise dental hygiene in accordance with the values and standards outlined in this Code through self-assessment. When hygienists are participating in a peer review program, they should be able to determine if the hygienist being reviewed meets the values and standards of this code.

Ethical Problems

Ethical problems faced by practising dental hygienists tend to fall into the categories of **ethical violations**, **ethical dilemmas** and **ethical distress**.

Ethical violations occur when dental hygienists fail to meet or neglect their moral obligations to their clients, e.g. a dental hygienist who does not provide competent care because of personal inconvenience has ethically failed the client.

Ethical dilemmas arise when ethical reasons both for and against a particular course of action are present and one option must be selected. There is usually a conflict among two or more ethical principles. e.g. A patient with a hip prosthesis may refuse to be premedicated prior to receiving invasive dental treatment. In this case, the principle of "respect for persons" conflicts with the principle of "beneficence".

Ethical distress occurs when dental hygienists experience the imposition of practices that provoke feeling of guilt, concern or distaste. For example, a dental hygienist may be expected by the employer to complete dental hygiene treatment with insufficient time to render quality care, or provide an acceptable level of infection control.

This Code provides clear direction for avoiding ethical violations. When a course of direction is mandated by the Code, and there exists no opposing ethical principle, ethical conduct requires that course of action.

In the case of ethical dilemmas and ethical distress, the Code cannot always provide clear direction. It is important to note that the resolution of any dilemma often depends on the specific circumstances of the case in question, and no particular resolutions may be totally satisfactory to all parties involved. Resolution may also depend upon which opposing ethical principle is considered to be most important, a matter about which reasonable people may disagree.

The Code can serve as a guide in helping dental hygienists consider their responsibilities in the case of ethical distress. Inevitably dental hygienists must reconcile their actions with their consciences in caring for clients.

Some problems are perceived to be "ethical" in nature, when in fact they are problems arising from poor communications among members of the dental profession, and/or with their clientele. It is important to determine if the dilemma is truly an "ethical" dilemma.

It is hoped that this Code will provide guidance to dental hygienists facing ethical problems, and that consideration and reflection of the Code will lead to better decision-making when ethical problems are encountered.

C.D.H.A. Code of Ethics

I. Responsibilities to the Client

The dental hygienists' primary responsibility is to the client.

The dental hygienist has a commitment to the welfare of clients in all practice settings, including but not limited to private practice, institutions, research, education, administration and community health.

1. Ethical Principle: Respect for Persons:

The Principle of Respect for Persons sees all human beings as possessing unconditional intrinsic value and having a capacity for rational choice.

Values:

A dental hygienist has an obligation to treat clients with respect for their individual needs and values.

Standards:

- 1 a. Clients seeking dental hygiene care will receive quality care regardless of religion, ethnic origin, social status, sex, sexual orientation, age and health status.
- 1 b. When a client's capacity for autonomy is compromised due to psychiatric disorders, age (e.g. a young child) or medical condition (e.g. paralysis), the dental hygienist will facilitate the participation of family members or care givers in the oral health care of the client.
- 1 c. When a client's capacity for self-direction is compromised due to illness (e.g. Alzheimer's disease) or other factors, the dental hygienist has a obligation to value autonomy in such clients by providing them with opportunities for choices within the client's capabilities to enhance their capacity for autonomy .

2. Ethical Principle: Respect for Persons (Confidentiality):

In order to show proper respect for the client's capacity for autonomy and privacy, the dental hygienist must uphold the confidentiality of the professional-client relationship. Violations of confidentiality could make clients unwilling to disclose sensitive information that could be detrimental to the health and safety of both the client and the health care team.

Values:

The dental hygienist has an obligation to hold confidential all information regarding a client learned in the health care setting.

Standards:

- 2a. Generally speaking, it is up to the client to determine who shall be told of their condition and in what detail.
- 2b. In describing professional confidentiality to a client, its boundaries should be revealed:
 - a) Competent care requires that other members of a team of health personnel have access to or be provided with the relevant details of a client's condition.
 - b) In addition, discussions of the client's care may be required for the purposes of teaching, research or quality assurance. In these cases special care must be taken to protect the client's anonymity.

Whenever possible, the client should be informed of these necessities prior to the onset of care.
- 2c. An affirmative duty exists to institute and maintain practices that protect client confidentiality, for example, by limiting access to records.

3. Ethical Principle: Veracity & Informed Consent

Veracity is the principle of honesty which provides meaningful communication in any moral relationship between two or more people.

Informed consent (derived from Respect for Persons):

Critical elements involved in the process of obtaining and proffering informed consent include disclosure, (i.e. the act of revealing pertinent information) voluntariness, (i.e. information given of one's free will) cognitive information-processing steps, (i.e. the ability to understand the information that is being given) and subject competence (i.e. the clinician's competence regarding subject matter). Health care providers have both a moral and legal obligation to make it possible for clients to decide important matters that affect their health.

Values:

Based upon respect for clients and regard for their right to control their own care, dental hygienists must respect the right of choice held by clients.

Standards:

- 3a. The competent client's consent is an essential precondition to the provision of oral health care. Dental hygienists have a responsibility to inform clients of the dental hygiene care available to them, and to obtain informed consent from the client prior to rendering any treatment.

- 3 b. Informed consent is the process by which a client becomes an active participant in care. All clients should be aided in becoming active participants in their care to the maximum extent that circumstances permit. Children who may be legally incompetent to consent should still be informed in accordance with the child's stage of development and capacity to understand and involved in their oral health care. Parents and/or guardians must be fully informed.
- 3 c. Force, coercion or manipulative tactics must not be employed in the obtaining of consent. It is unethical for dental hygienists to advocate a particular treatment plan in the absence of the presentation of alternative treatment plans. The client must be allowed to make an informed choice between treatment plan options as well as the option of no treatment.
- 3 d. Any information being given to a client must be done in a truthful, understandable and sensitive way. It must precede with an awareness of the individual client's needs, interests and values. The information must be supplied in a manner consistent with the client's ability to understand the information being given.
- 3 e. Dental hygienists should respond freely to their client's requests for information and explanation when in possession of the knowledge to respond accurately. When the questions of the client are beyond the scope of the dental hygienist, the client should be informed of that fact and be referred to a more appropriate health care practitioner for a response.
- 3 f. Dental hygienists should inform their licensing authority when an injury, dependency, infection, condition or any other serious incapacity has immediately affected, or may affect over time, their continuing ability to practice safely and competently.

4. Ethical Principle: Beneficence and Quality Assurance

The principle of beneficence is the doing of good, and the active promotion of good, kindness and charity.

Quality Assurance: Quality assurance is the assessment or measurement of quality of care and the implementation of any necessary changes to either maintain or improve the quality of care.

Values:

The dental hygienist is obligated to provide competent care as currently described in The Clinical Practice Standards for Dental Hygienists in Canada.

Standards:

- 4 a. The dental hygienist actively promotes educational and clinical procedures to improve the oral health status of clients.
- 4 b. The dental hygienist participates in the assessment, planning, implementation and evaluation of comprehensive programs of oral health care. The scope of a dental hygienist's responsibility should be based on education, and experience, as well as legal considerations of licensure and registration.

- 4 c. Dental hygienists accepting professional employment must determine if the conditions will permit provision of care consistent with the Practice Standards for Canadian dental hygienists, and the values and standards of the Code of Ethics for Dental Hygienists. Prospective employers should be informed of the practice standards and the Code so that realistic and ethical expectations may be established at the beginning of the employee/employer relationship.
- 4 d. Administrators (e.g Public Health, Schools of Dental Hygiene) have an ethical responsibility to ensure the competencies of personnel, and the welfare of clients.
- 4 e. The dental hygiene student-client relationship must be in keeping with ethical dental hygiene practice and maintaining the dignity of the client. Dental hygiene educators are obligated to ensure that dental hygiene students are knowledgeable with and comply with the provisions of the Code.
- 4 f. Research is necessary for the development of the dental hygiene body of knowledge. Dental hygienists should be knowledgeable of the advances in research, so that established results may be incorporated into practice. Dental hygienists are encouraged to engage in, or to assist and encourage research designed to enhance the health and welfare of clients.

Dental hygiene research must conform to ethical dental hygiene and research practises.

- 4 g. The dental hygienist accepts responsibility for working with provincial and national dental hygiene associations to secure quality care for clients.
- 4 h. Dental hygienists should engage in continuing education and in the advancement of skills relevant to the practice setting.

5. Ethical Principle: Justice

The principle of justice refers to "what is deserved". People have been treated justly when they have been given what is due or owed, what they deserve, or can legitimately claim.

Values:

The dental hygienist, as a member of the dental profession, is obligated to take steps to ensure that the client receives competent ethical care.

Standards:

- 5 a. Client care should represent a collaborative effort, drawing upon the expertise of dental hygiene, dentistry and other health professions when appropriate. Recognizing personal and/ or professional limitations, the dental hygienist refers clients who require more complex care or care outside the scope of dental hygiene practice.
- 5 b. The first consideration of the dental hygienist who suspects incompetence or unethical conduct by members of the dental profession should be the welfare of present clients and/ or potential harm to future clients. Subject to that principle, the following should be considered:
 - 1. The dental hygienist is obligated to confirm the facts of the situation to decide upon the appropriate course of action.

2. Institutional mechanisms (e.g. educational programs, public health) for reporting incidents or risks of incompetent or unethical care should be followed.
3. Incidents involving unethical care that cannot be resolved within the practice setting should be reported to the appropriate licensing authority.
4. The dental hygienist who attempts to protect clients threatened by incompetent or unethical conduct should not be placed in jeopardy (e.g. loss of employment). Colleagues and professional organizations are morally obligated to support dental hygienists who fulfill their ethical obligations under the code.

II. Responsibilities to the Profession of Dental Hygiene

Values:

The dental hygienist is obligated to uphold the ethics of the dental hygiene profession before colleagues and others.

Standards:

- 6a. Dental hygienists serving on committees concerned with dental health care or research should see their role as including representation of dental hygiene's professional ethics.
- 6b. Dental hygienists should become involved in public issues which relate to oral health care. Involvement in civic activities allows the opportunity to promote dental hygiene care and to fulfill the duties of a citizen.

III. Responsibilities of C.D.H.A. and Provincial Associations

Values:

The Canadian Dental Hygienists' Association recognizes a responsibility to clarify, secure and sustain ethical dental hygiene practice. The fulfillment of these tasks requires that professional organizations remain responsive to the rights, needs and legitimate interests of clients and dental hygienists.

Standards:

- 7a. Sustained communication and cooperation between the Canadian Dental Hygienists' Association, provincial associations and other related associations such as the Canadian Dental Association is an essential step towards securing ethical dental hygiene practice.
- 7b. Provincial and national dental hygiene associations must accept responsibility for assuring quality dental hygiene care for clients.
- 7c. Professional dental hygiene associations have a role in representing dental hygiene interests and perspectives before non dental hygiene bodies, including but not limited to legislatures, employers, the professional organizations of other health disciplines and the public media of communication.
- 7d. Professional dental hygiene associations should provide and encourage organizational structures that facilitate ethical dental hygiene practice.

1. Changing circumstances may call for reconsideration of this Code. Supplementation of the code may be necessary in order to address special situations. Professional associations should consider the ethics of dental hygiene on a regular and continual basis and be prepared to provide assistance to those concerned with its implementation.
2. Education in the ethical aspects of dental hygiene should be available to dental hygienists throughout their careers. Dental hygiene associations should actively support or develop structures designed toward this end.

References:

Report of the C.F.D.E/C.D.A. Conference on Ethics in Canadian Dentistry and Dental Education, September, 1989.

Code of Ethics for Nursing, Canadian Nurses' Association, February 1985

Code of Ethics for Nursing, Canadian Nurses' Association, November 1991

Clinical Practice Standards for Dental Hygienists in Canada, Report of the Working Group on the Practice of Dental Hygiene, 1988



The Canadian Dental
Hygienists Association
L'association Canadienne
des Hygienistes Dentaires

MEMORANDUM

JUNE 25TH, 1992

TO: Provincial Dental Hygienists Associations
Provincial Dental Hygiene Licensing Authorities
Canadian Dental Association
Canadian Dental Assistants Association

Enclosed please find the Canadian Dental Hygienists Association Position Statement on the **MANAGEMENT OF DENTAL HYGIENE CARE** adopted by the CDHA Board of Directors at the June 1992 Annual Session.

The Canadian Dental Hygienists Association is the official national voice of Dental Hygiene in Canada, providing leadership and direction for the profession and promoting standards of excellence in practice, education and research.



The Canadian Dental
Hygienists Association
L'association Canadienne
des Hygienistes Dentaires

MANAGEMENT OF DENTAL HYGIENE CARE

POSITION STATEMENT

JUNE 1992

INTRODUCTION

Dental hygienists are licensed primary oral health care professionals who possess a unique body of knowledge, distinct expertise, recognized standards of practice, and a Code of Ethics. As integral members of the oral health care system dental hygienists provide preventive, educational, clinical and therapeutic services. The dental hygiene process of care includes assessment, treatment planning, implementation and evaluation.

The profession of dental hygiene maintains and promotes the highest standards of oral health care. This position statement is a resource for those responsible for defining and rationalizing the legislation, roles, responsibilities and working relationships of health care personnel involved in the promotion and delivery of oral health care.

The Canadian Dental Hygienists' Association (C.D.H.A.) supports collaborative practice wherein a partnership exists between dental hygienists and other health care professionals participating in the delivery of comprehensive oral care. The management of dental hygiene care reflects policies of provincial licensing authorities as determined by provincial legislation.

GUIDING PRINCIPLES

Every Canadian is entitled to access comprehensive oral health care. The dental hygiene profession promotes access to affordable oral health care through alternative practice arrangements and non-traditional work settings. Examples include long term care facilities, community health clinics, home care programs and other outreach programs. C.D.H.A. is committed to the attainment of these goals by working in cooperation with government, health agencies, public interest groups and other health professions.

The management of dental hygiene care must ensure protection of the public and quality of care through appropriate consultation between the dental hygienist and other health professionals. Other factors to consider include: health assessment of the client, the risk associated with the procedure, the client's right to be an active participant, the expertise of the oral health care professional and the support of other health personnel.

Dental hygienists have a legal and an ethical responsibility to their clients and are personally and professionally accountable for the care they provide.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Board of Trustees: Dr. Gordon Thompson, Edmonton, Chairman
Mr. Lee Maddison, Burlington, Vice-Chairman
Dr. Greg Baird, Halifax
Dr. François Bourassa, Regina
Dr. Robert Dupont, Montreal
Mr. Jardine Neilson, Ottawa, Ex-officio
Dr. Donald O'Connor, Ottawa
Dr. David Singer, Saskatoon, Dental Education
Dr. Bill Sharun, Edmonton
Dr. Arnold Steinbart, Prince George
Mr. Arthur Zwingenberger, Toronto

Fund Administrator: Mrs. Julie Hentschel

1. Meetings

Since reporting to your Board's 1992 Interim Meeting, CFDE has held its Annual Board of Trustees Meeting, which took place in Ottawa on May 24-25, 1992. We are pleased to have this opportunity to report on the Trustees' deliberations and CFDE's activities since our last report.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Review of 1991

APPENDIX I

The Fund's accomplishments in 1991 are detailed in the Annual Report which was published as a supplement to the April issue of the CDA Journal, and are presented in the financial statements included with this report.

The Fund is pleased to report the total income from all sources in 1991 was \$396,465, which is similar to 1990. A total \$370,445 in donations, however, were directed to the unrestricted general fund, compared to \$359,371 in 1990. Donations to endowment and developing funds totalled \$26,020, which are restricted in use according to the specific guidelines of each of the funds.

Donations from dentists in 1991 increased by 8% over the previous year. The relatively small percentage of dentists contributing to the CFDE (7%) remains a

serious concern to the Trustees, and the goal of the Fund in 1992 is to heighten the profile of the CFDE, which is hoped will result in greater participation by the profession. The 11% increase received on CFDE capital investments was due to favourable interest rates which were acquired during 1989 and 1990 when rates were high. Operating expenses for 1991 were kept at a 2% increase from 1990.

The L-Col. Charles Hunt Fund and the Thomas Curry Fund, having reached \$10,000 respectively, have gained the status of named Endowment funds. The annual interest earned on each will be distributed according to the guidelines noted in the financial statements.

3. **Plans for 1992**

1992 marks the 30th Anniversary of the Canadian Fund for Dental Education. The Fund was successfully launched by forward-thinking representatives of dental industry and the Canadian Dental Association under a Deed of Trust dated October 22, 1962.

By the close of 1992, more than \$3,600,000 will have been allocated in support of dental education, research and service. In 1992 and beyond, the CFDE is committed to invest its resources in programs that offer the greatest benefit to the profession and the public, ensuring a bright future for dentistry.

For 1992, the CFDE Trustees have approved a total \$225,000 in assistance to dental education, dental research and dental awareness programs.

- (a) As in previous years, the CFDE will provide unrestricted grants of \$1,500. to each of the ten dental schools.
- (b) The Board annually provides support of undergraduate students with 2 x \$1,000. grants per dental school. These grants are to be used for scholarships, awards or prizes to two undergraduate dental students per faculty. A requirement in the granting of these funds is that the CFDE receive appropriate recognition, preferably at an awards ceremony.
- (c) The 1992 ACFD Summer Teaching Institutes will receive support in the amount of \$31,600. The CFDE has continued to fund the Summer Teaching Management Institutes for several years, and we are delighted to be associated with this worthwhile program.
- (d) An allocation of \$8,000. has been made to the 1992 CFDE/CDA Teaching Conference on Paediatric Dentistry.

-
- (e) Up to \$2,400. has been granted to support the Canadian Association for Dental Research (CADR) sponsored workshop entitled "Clinical Trials: Design and Conduct" to be held June 4-6, 1992.
 - (f) A total of \$32,500. was allocated for teacher/researcher training fellowships in 1992. Eleven dentists and four dental hygienists were selected for support this year. The CFDE is pleased to report the addition of a Dental Assisting Teacher fellowship this year, made possible by Warner-Lambert Canada Inc.
 - (g) The Dental Students' Table Clinics will receive up to \$10,000. in support, made possible by the sponsorship of Dentsply Canada Ltd.
 - (h) The CDA Students' Conference will again be supported with a grant of \$11,000.
 - (i) The Allied Dental Educators Committee of the ACFD has been granted \$16,020. to support their Revision of National Competency Documentation for Dental Hygiene and Dental Assisting.
 - (j) The income from the Dr. Lorne E. MacLachlan Endowment Fund of \$15,000. will again this year be divided equally among the dental faculties at Toronto, Western Ontario, McGill and Dalhousie to benefit the prosthodontics departments, in accordance with the terms governing the endowment.
 - (k) The CFDE Murray McDonald Memorial Lecture to be held in August at the CDA Convention in Calgary, will feature as this year's speaker, Sharon Wood, a Canadian mountain climber, who will speak on "Beating the Odds". We are pleased to continue sponsoring this Memorial Lecture to commemorate CFDE's former Executive Director.
 - (l) In the program's third year, the Wrigley Summer Research Awards Program, sponsored by Wrigley Canada, has received \$10,000. in support for 1992. Of the five applications received, the University of Manitoba, Dalhousie University and the University of Alberta were granted support for their Summer Student Research programs.
 - (m) A total of \$4,500. was allocated from the Nicholas A. Mancini and the G.W. Barrett Endowment Funds for dental and dental hygiene students in financial difficulty. In 1992 five students received assistance from fifteen applications.
 - (n) The NDEB 40th Anniversary Symposium, on "Testing and Competency Assessment for the National Standard", to be held November 1-2, 1992, will receive a total

\$11,000. in support, including a \$6,000 CDA contribution to the CFDE which was designated for support of this program.

- (o) A total \$7,000. has been granted towards the development of a research grant application to Health and Welfare Canada for the National Dental Epidemiology Project, which will result in a data bank of epidemiological data related to the oral health and treatment needs of Canadians.

Appreciation

It has been a pleasure to present this report on behalf of the CFDE. I would like to thank all of the Trustees and our Fund Administrator for their hard work and invaluable assistance in assuring the continued growth and success of the Fund.

On behalf of the CFDE Board, I also wish to extend our thanks and appreciation to the many individuals and organizations who contribute so much of their time and funds, and who generously promote the CFDE at meetings and in their publications.

In summary, I can only add that, in order for the CFDE to continue its role in assisting dental education and dental excellence in Canada, we need both your moral and financial support.

Respectfully submitted,

Gordon W. Thompson
Chairman
Canadian Fund for Dental Education

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Fund for Dental Education as information.

Financial Statements of

CANADIAN FUND FOR
DENTAL EDUCATION

Year ended December 31, 1991



Peat Marwick Thorne

Chartered Accountants

Suite 1000
45 O'Connor Street
Ottawa, Ontario
Canada K1P 1A4

Telephone (613) 560-0011
Telefax (613) 560-2896

AUDITORS' REPORT TO THE BOARD OF TRUSTEES

We have audited the balance sheet of Canadian Fund for Dental Education as at December 31, 1991 and the statements of revenue and expenditure, general fund, endowment funds principal and developing funds principal for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the organization as at December 31, 1991 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles.

Peat Marwick Thorne

Chartered Accountants

Ottawa, Canada

January 17, 1992



CANADIAN FUND FOR DENTAL EDUCATION

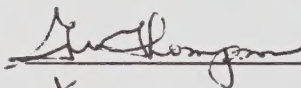
Balance Sheet

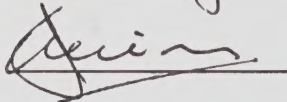
December 31, 1991, with comparative figures for 1990

	1991	1990 (as restated, note 5)
Assets		
Cash	\$ 28,013	\$ 15,906
Investments - due within one year	298,805	324,085
- due after one year	448,322	405,000
Bonds (quoted market value \$54,581; 1990 - \$3,795)	55,207	4,030
Accrued interest and other receivables	62,800	62,596
	\$ 893,147	\$ 811,617
Liabilities		
Grants payable	\$ 60,054	\$ 49,436
Accounts payable	3,219	3,377
	63,273	52,813
Funds:		
General fund	237,498	192,891
Endowment funds principal (note 2)	579,420	549,551
Developing funds principal (note 3)	12,956	16,362
	829,874	758,804
Commitments (note 4)		
	\$ 893,147	\$ 811,617

See accompanying notes to financial statements.

On behalf of the Board of Trustees:

 Trustee

 Trustee

CANADIAN FUND FOR DENTAL EDUCATION

Statement of Revenue and Expenditure

Year ended December 31, 1991, with comparative figures for 1990

	1991	1990 (as restated, note 5)
Revenue:		
Support receipts:		
Dental profession	\$ 109,890	\$ 101,604
Dental and Allied Dental Health (Professional) organizations	37,178	46,499
Allied Dental Health Professionals	2,320	2,820
Business and industry	117,831	112,257
Tributes and other contributors	2,036	910
In memoriam	7,675	5,200
Sundry	10,130	14,967
	287,060	284,257
Investment income	83,385	75,114
	370,445	359,371
Functional expenditures (schedule)	325,395	360,751
Excess of revenue over expenditure (expenditure over revenue)	\$ 45,050	\$ (1,380)

Statement of General Fund

Year ended December 31, 1991, with comparative figures for 1990

	1991	1990 (as restated, note 5)
Balance, beginning of year	\$ 192,891	\$ 194,271
Excess of revenue over expenditure (expenditure over revenue)	45,050	(1,380)
Undistributed investment income transferred to endowment funds	(397)	-
Undistributed investment income transferred to developing fund principal	(46)	-
Balance, end of year	\$ 237,498	\$ 192,891

See accompanying notes to financial statements.

CANADIAN FUND FOR DENTAL EDUCATION

Statement of Endowment Funds Principal (note 2)

Year ended December 31, 1991, with comparative figures for 1990

	1991	1990
Balance, beginning of year	\$ 549,551	\$ 505,269
Transfer from developing fund	23,887	—
Endowments received	5,585	44,282
Undistributed investment income transferred from general fund	397	—
Balance, end of year	\$ 579,420	\$ 549,551

Statement of Developing Funds Principal (notes 3 and 5)

Year ended December 31, 1991, with comparative figures for 1990

	1991	1990
Balance, beginning of year	\$ 16,362	\$ —
Developing funds received	20,435	16,362
Transfer to endowment fund	(23,887)	—
Undistributed investment income transferred from general fund	46	—
Balance, end of year	\$ 12,956	\$ 16,362

CANADIAN FUND FOR DENTAL EDUCATION

Notes to Financial Statements

Year ended December 31, 1991

The Canadian Fund for Dental Education assists the advancement of dentistry in Canada through the support of dental education, patient education and dental research for the betterment of all Canadians.

1. Significant accounting policies:

(a) Investments and bonds:

Investments and bonds are stated at cost.

(b) Donated materials and services:

Donated materials and services are recorded at fair value when a fair value can be reasonably estimated. During the year, there were no donated materials and services for which a fair value could have been reasonably estimated.

(c) Grants and awards:

Grants and awards for the current fiscal year, approved by the Board of Trustees, are charged to the functional expenditures in the year for which approval is given. The portion of 1991 approved grants and awards not disbursed by the year-end date are included in grants payable.

(d) Endowment funds principal:

Endowment funds principal represents the capital portion of donations received with a condition the income earned be used for a specific purpose. The investment income earned annually and the expenditures made out of that income are recorded as revenue and expenses, respectively in the General Fund. Any undistributed investment income relating to an endowment fund is transferred to the endowment fund principal. The following are the endowment funds and the nature of existing restrictions regarding their use:

Nicholas A. Mancini Fund - Interest to be used to help support needy undergraduate students.

Rhone Poulenc Pharma Inc. - Interest to be used for educational purposes at the discretion of the Board of Trustees of the Canadian Fund for Dental Education.

Canadian Dental Hygienists Association - The funds are not restricted in any manner and can be used at the discretion of the Board of Trustees.

Toronto Academy of Dentistry - Crown and Bridge Study Club - The funds are not restricted in any manner and can be used at the discretion of the Board of Trustees.

Murray McDonald Endowment Fund - Interest to be used annually to support the Murray McDonald Memorial Lecture. The lecture is to be on a non-scientific, non-technical subject open to the dental profession and the public at large.

George W. Barrett Living Memorial Fund - Interest to be used to help support needy undergraduate dental students.

CANADIAN FUND FOR DENTAL EDUCATION

Notes to Financial Statements, page 2

Year ended December 31, 1991

1. Significant accounting policies (continued):

(d) Endowment funds principal (continued):

Lorne E. MacLachlan - Prosthodontics Endowment - Annual interest to be divided and distributed equally among four universities with Prosthodontics departments.

Lorne E. MacLachlan - General Endowment - Annual interest to be used for the provision of fellowships or in support of teaching projects.

Capital Funds - Annual interest income to be used to provide a basic annual income for the continuing activities of the Canadian Fund for Dental Education.

Thomas Curry Fund - Annual interest to be used to help support dentists in postgraduate or graduate programs in dental public health.

Charles Hunt Fund - Annual interest to be used to help promote dental education and research in Canada.

(e) Developing funds principal:

Developing funds principal represents donations which are received under a specific named fund. If the named fund reaches \$10,000 within a five year period, it will become a named endowment fund. Otherwise the funds will be returned to the General Fund. The investment income earned annually and the expenditures made out of that income are recorded as revenue and expenses, respectively in the General Fund. Any undistributed investment income relating to a developing fund is transferred to the developing fund principal.

(f) Operating expenses:

Operating expenses are allocated to the functional categories.

2. Endowment funds principal:

	1991	1990
The Nicholas A. Mancini Fund	\$ 33,163	\$ 28,521
Rhone Poulenc Pharma Inc.	8,225	8,225
Canadian Dental Hygienists Association	3,500	3,500
Toronto Academy of Dentistry - Crown and Bridge Study Club	13,000	13,000
Murray McDonald Endowment Fund	58,785	58,610
George W. Barrett Living Memorial Fund	18,287	17,638
Lorne E. MacLachlan - Prosthodontics Endowment	150,000	150,000
Lorne E. MacLachlan - General Endowment	25,200	25,000
Capital funds	245,057	245,057
Thomas Curry Fund	13,903	-
Charles Hunt Fund	10,300	-
	\$ 579,420	\$ 549,551

CANADIAN FUND FOR DENTAL EDUCATION

Notes to Financial Statements, page 3

Year ended December 31, 1991

3. Developing funds principal:

	1991	1990
Charles Hunt Developing Fund	\$ —	\$ 5,425
Donald Winget Developing Fund	5,456	2,275
K.W. Lawless Developing Fund	7,500	—
Thomas Curry Developing Fund	—	8,662
	\$ 12,956	\$ 16,362

4. Commitments:

The Board of Trustees has approved grants and awards totalling \$5,000 relating to 1992 which have not been reflected in the financial statements.

5. Restatement of prior years' figures:

The prior years' statements of revenue and expenditure and general fund have been restated in order to conform with a new policy whereby developing funds are disclosed separately from the General Fund. The policy is retroactive to 1990 only, as such funds did not exist before that time.

CANADIAN FUND FOR DENTAL EDUCATION

Schedule - Grants and Awards

Year ended December 31, 1991, with comparative figures for 1990

	1991	1990
Fellowship Awards	\$ 25,500	\$ 26,000
Unrestricted grants to dental schools	15,000	15,000
C.D.A. - Students Conference	11,000	11,000
C.D.A. - Teaching Conference	10,000	16,000
C.D.A. - Dentsply Student Clinic Program	10,225	8,708
Lorne E. MacLachlan Endowment Fund - Prosthodontics Awards	15,000	15,723
Educational projects - Ontario Dental Hygienists Association	-	2,000
Undergraduate Dental Students Grants	20,000	20,000
Dental Technology Scholarship	200	200
C.D.A. - Dental Health Month	-	10,000
Murray McDonald Memorial Lecture	4,620	3,500
CFDE/ACFD - Summer Teaching and Management Institute	43,000	42,000
C.D.A. - Patient Information Program (1990 First Teeth Program)	30,000	35,000
R.C.D.C. Examiners' Workshop	-	5,000
Dental Faces Addiction - Williams	-	10,000
Dalhousie Pediatrics Dental Research	7,500	5,000
G. Barrett Endowment Fund - Needy Students	1,500	1,000
Mancini Endowment Fund - Needy Students	2,000	1,000
C.D.A. - DAT Workshop	-	6,500
C.D.A.A. - Dental Assisting Exam	-	5,000
C.D.A. - ISO Meeting in Italy (1990 - Beijing)	3,000	3,000
Wrigley Oral Health Fellowship	10,000	4,000
Silver Amalgam Research	-	10,000
Interactive Media Courseware	6,740	-
C.D.A. - Continuing Education Workshop	15,000	-
C.D.A. - Dental Awareness Program	2,000	-
Nutrition Guidelines Meeting	1,048	-
	233,333	255,631
Less unutilized or refunded grants	17,137	870
	\$ 216,196	\$ 254,761

CANADIAN FUND FOR DENTAL EDUCATION

Schedule - Functional Expenditures

Year ended December 31, 1991, with comparative figures for 1990

	General Programs	Management and General	Fund Raising	1991	1990
Grants and awards (schedule)	\$ 216,196	\$ -	\$ -	\$ 216,196	\$ 254,761
Operating expenses:					
Salaries and related expenses	12,747	12,747	25,495	50,989	45,785
Printing and promotion	2,426	4,853	16,985	24,264	27,853
Office supplies and expenses	772	3,472	3,472	7,716	9,518
Office rental	1,244	1,866	1,866	4,976	4,200
Staff travel	256	256	512	1,024	515
Trustee and advisory committee travel	3,713	9,654	1,485	14,852	13,792
Professional services	-	3,636	-	3,636	3,992
Parking	-	746	-	746	335
Computer conversion	-	996	-	996	-
	21,158	38,226	49,815	109,199	105,990
	\$ 237,354	\$ 38,226	\$ 49,815	\$ 325,395	\$ 360,751

THE ROYAL COLLEGE OF DENTISTS OF CANADA

REPORT TO THE 1992 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Annual Meetings

The 1992 Annual Council meeting, Convocation and Annual Dinner, together with Committee Meetings, will be held at the same time as the CDA's Convention in August in Calgary, in space provided by the CDA at the Palliser Hotel. The College appreciates this courtesy, and we look forward to joining CDA Board Members and affiliates at that time.

2. Examinations

The following represents the number of candidates for the Membership and Fellowship examinations held May/June, 1992:

	<u>Fellowship</u>	<u>Membership</u>
Dental Sciences	2	-
Oral & Max. Surgery	7	-
Oral Radiology	-	2
Orthodontics	3	1
Pediatric Dentistry	1	-
Periodontics	-	1
	<u>13</u>	<u>4</u>

Written examinations on May 1st were held in Vancouver, Edmonton, Winnipeg, London, Toronto, Montréal, Québec City, and Pittsburg, with the Membership orals and Fellowships on June 6th and 13th in Vancouver and Toronto.

Successful examinees will be admitted to the College at the Convocation in Calgary on Sunday, August 30, together with 7 new Fellows and 3 new Members from previous examinations.

3. Council and Chief Examiner Vacancies

The only Councillor whose term will be expiring this year is Dr. Richard G. Stapleford of Windsor, who represents the Oral and Maxillofacial Surgery section. He is willing to stand for a second three year term, and other nominations are being called for from the rest of the section. The successful nominee will take office after the August Council meeting. All Chief Examiner terms continue.

4. Dental Sciences

Most members of the dental community do not know that, in addition to examining in the nine dental specialties recognized by the CDA, the RCDC within its Act is empowered to examine another group of non-affiliated dentists in "special fields" under the umbrella title of 'Dental Sciences'.

This group is defined in the College's Act as "dentists who possess special qualifications in areas not recognized as specialties". This is a small and varied group whose areas of expertise include anaesthesiology and biochemistry, among others. All Fellows in the section are involved in research and are invariably on the staff of a University or medical/dental facility.

Defining eligibility for Fellowship within this section has been under review by the College's Council several times over the last 10 years or so, as the College has tried to deal with the problem of providing a means of entry for eminently qualified research scientists who are dentists, while not making the examination less stringent than those provided for the recognized specialties. There are also situations where a qualified recognized specialist who is a Member of the College cannot pursue Fellowship in the same field because the focus of his/her activity is no longer clinical, or which otherwise prevents him/her from meeting the clinical requirements for the specialty in which s/he is a member.

This year's Council will again be reviewing a new set of guidelines for eligibility for this section, and because of the potential imminent changes and the need for someone with past experience, the term of Dr. W.J. Fleming as Chief Examiner has been extended for a fourth three-year term, to 1994. Normally Chief Examiners may only hold the position for a maximum of two terms.

Respectfully submitted,

Guy Maranda

President, Royal College of Dentists of Canada

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Royal College of Dentists of Canada as information.

CANADIAN ACADEMY OF ENDODONTICS

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

Since our last specialty section report in March of 1990, the Canadian Academy of Endodontics has been involved in the following activities:

1. Annual Meetings

- September 15-19, 1990 in Saskatoon in conjunction with the Annual Meeting of the College of Dental Surgeons of Saskatchewan.
- August 21-25, 1991 at the Digby Pines Resort, Digby, Nova Scotia.

2. Interim Executive Meetings

- January 25, 1991, Airport Marriott Hotel, Toronto
- January 19, 1992, Airport Marriott Hotel, Toronto

3. Annual Meeting/Convention

The next Annual Meeting/Convention will be at the Laurel Point Inn, Victoria, B.C. on September 16-20, 1992.

4. Other Activities

- Our Procedure Guide Sub Committee has made representation to the CDA/USCLS to help work out endodontic procedure codes to the satisfaction of both parties.
- Our representative on the Specialty Committee of the CDA, John Phillips will be replaced by the C.A.E.'s Executive Secretary at the completion of his term.
- Our Roster, Constitution and By-Laws will be updated and reprinted this Fall. At present there are 155 members in the Academy.

Our current slate of officers is:

President:	Sharma Sinanan, Vancouver
President Elect:	Wayne Acheson, Winnipeg
Treasurer:	Wayne Pulver, Toronto
Executive Secretary:	Steve Brayton, Halifax
Constitution & By-Laws:	Paul Teplitsky, Saskatoon

CANADIAN ACADEMY OF ENDODONTICS - 2 -

Address of the Canadian Academy of Endodontics:

Dr. Stephan Brayton, Executive Secretary
#395-5991 Spring Garden Road
Halifax, Nova Scotia
B3H 1Y6

Respectfully submitted,

S.M. Brayton, D.M.D., F.R.C.D.(c)
Executive Secretary
Canadian Academy of Endodontics

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Academy of Endodontics as information.

CANADIAN ACADEMY OF ORAL PATHOLOGY

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Academy of Oral Pathology held its 26th annual meeting in conjunction with the American Academy of Oral Pathology meeting in San Francisco, California, May 12, 1992, the President, Dr. John GL Lovas presiding. The second annual scientific session was held and was very successful. Eight presentations were given and discussed. The Academy accepted four new members this year, while two were dropped from the role for lack of payment of dues. There are now 42 members. Dr. Tim McGaw was elected Vice-President and Dr. Ed Peters was elected Secretary-Treasurer. The executive for 1992-93 is as follows:

President:	Dr. John GL Lovas
President-Elect:	Dr. John Hardie
Past-President:	Dr. Stephen Ahing
Vice-President:	Dr. Tim McGaw
Secretary-Treasurer:	Dr. Ed Peters

Some members expressed concern about the sweeping move by the RCDC to reduce minimum time requirements for eligibility for Fellowship examinations from five to four years. This was done without consulting the members of the CAOP. It also has the detrimental effect of reducing Canadian Oral Pathology standards relative to British and American organizations, both of whom require a five year limit. It was decided not to pursue the matter at this time.

The Oral Medicine as a separate specialty issue was again discussed. Since oral medicine is included within the definition of oral pathology, many members felt that the development of oral medicine as a separate specialty, as has happened recently in British Columbia, is inappropriate. Other members had no objection to the split.

Respectfully submitted,

Dr. Tom Daley, Secretary-Treasurer
Canadian Academy of Oral Pathology

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Academy of Oral Pathology as information.

CANADIAN ACADEMY OF PEDIATRIC DENTISTRY

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The CAPD completed a most successful year in 1991. As of the end of the year the membership breakdown was as follows:

Life members	13
Honorary Members	2
Student members	13
Active Members	<u>120</u>
	148

This is an increase of almost 40% over the previous year and is a result of a more active program coupled with more aggressive recruitment of members.

The Annual meeting of the CAPD was held in Quebec City last August in conjunction with the CDA Convention. Two business meetings were held and two most successful scientific sessions with Dr. David Kennedy from Vancouver, BC as the speaker.

On the day before, the Executive Council met and there were a significant number of Academy members who brought business to the meeting. There was a further meeting of the Executive Council in Ottawa on October 30, 1992 and there will be another meeting of the Executive Council in Ottawa on March 7, 1992, another indication of a more active organization.

Extensive discussions have been going on with the Board of Trustees and Officers of the American Academy of Pediatric Dentistry to develop an affiliation so that Canadian pediatric dentists can take advantage of the membership services of the AAPD, especially the Continuing Education component, without the disadvantages of having to pay full dues to the American organization in addition to dues to the Canadian counterpart. An arrangement has been almost completed which will allow Canadians to be members of both the CAPD and the AAPD at about the same cost as a US resident would pay to belong to the single American organization.

The Annual meeting will be held in Calgary, again at the time of the CDA convention on Sunday August 30, 1992 with the meeting of the Executive Council on the day before. Arrangements are already well in hand with the CDA Convention Staff. Alan Milnes, one of our members from Toronto, will be the scientific speaker.

Respectfully submitted,

Ian C. Bennett, Executive Director,
Canadian Academy of Pediatric
Dentistry

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Academy of Pediatric Dentistry as information.

CANADIAN ACADEMY OF PERIODONTOLOGY

REPORT TO THE 1992 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

During the past year, the Canadian Academy of Periodontology has undertaken the following activities:

- a) Symposium on Periodontal Care for Older Adults at the University of Toronto, May 10-11, 1991, co-sponsorship with the University of Toronto.
- b) Annual Meeting of the Canadian Academy of Periodontology October 3, 1991, Vancouver, British Columbia.
- c) Establishment of a central office for the Canadian Academy of Periodontology located in the CDA headquarters building, Ottawa, Ontario.

The Annual Meeting of the Canadian Academy of Periodontology is scheduled for May 16-18, 1992, in Ottawa, Ontario.

The Canadian Academy of Periodontology has, through various committees, been active in discussion involving Dental Insurance and Third Party Payment Plans and also in the discussions on the subject of specialist portability within Canada.

Throughout this past year, a close liaison has also continued between the Canadian Academy of Periodontology and the American Academy of Periodontology.

Respectfully submitted,

Dan Morrow
President,
Canadian Academy of Periodontology

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Academy of Periodontology as information.

BOARD OF GOVERNORS (NEW BUSINESS)

Canadian Unity

- 92.99** **THAT the Canadian Dental Association believes in a Canada that includes Quebec and encourages its dentist members to support this concept in their practises; and,**
- THAT the President of the Canadian Dental Association write to all members informing them of the Association's position with regard to Canada, before the proposed national referendum.**

ADOPTED

7 DAYS

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7 DAYS ONLY
IT CANNOT BE RENEWED

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